

2609

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Graham State Index - - No. 77
 District Safford County Registrar's No. _____
 Town Pinon Local Registrar's - No. 86
 or City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Blair
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>married</u>			16. DATE OF DEATH (month, day, and year) <u>11/2 - 1932</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Caroline Melvin Blair</u>				17. I HEREBY CERTIFY, That I attended deceased from <u>9-1-1932</u> to <u>11/2-1932</u> , that I last saw h. — alive on <u>11/2-1932</u> and that death occurred, on the date stated above, at <u>1:00 p.m.</u> The CAUSE OF DEATH* was as follows: <u>Infectious Prostate Gland</u>		
6. DATE OF BIRTH (month, day and year) <u>Aug 27-1861</u>		7. AGE <u>71</u> Years	Months <u>2</u>	Days <u>6</u>	18. Where was disease contracted if not at place of death? <u>Pinon</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		<u>Farmer</u>		CONTRIBUTORY (Secondary) (duration) _____ yrs. mos. ds.		
9. BIRTHPLACE (city or town) (State or country) <u>Agua City, Ariz.</u>		10. NAME OF FATHER <u>Carlton James Blair</u>		18. Where was disease contracted if not at place of death? <u>Pinon</u>		
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Undersprings, Ariz.</u>		12. MAIDEN NAME OF MOTHER <u>Mary Thompson</u>		Did an operation precede death? <u>no</u> Date of _____		
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Abrahamson</u>		13. BIRTHPLACE OF MOTHER (city or town) (State or country)		Was there an autopsy? <u>no</u>		
14. Informant (Address) <u>W. E. Platt</u>		14. Informant (Address)		When test confirmed diagnosis? <u>W. E. Platt, M. D.</u> (Address) <u>Safford</u>		
15. Filed <u>12/10/32</u> 19 <u>32</u>		15. Filed _____ 19 <u>32</u>		* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
V. S. No. 1		Registrar <u>W. E. Platt</u>		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winkhard's</u> DATE OF BURIAL <u>Nov 31 1932</u>		
				20. UNDERTAKER <u>W. E. Platt</u> ADDRESS <u>Pinon Ariz</u>		