9115

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 446

1. PLACE OF DEATH

County Yuma State Arizona Registered No. 15

Township Yuma or Village ..... or

City Yuma No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Freechild Nealer

(a) Residence: No. 10th st + 3rd ave St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15 1877

7. AGE Years 55 Months 4 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Yuma Arizona

FATHER

13. NAME David Nealer

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Maria Epess

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Thomas Arriola

(Address) Yuma Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Yuma Cemetery Date 2/3, 1933

19. UNDERTAKER O. Robinson

(Address) Yuma Arizona

Filed Feb 3, 1933 Mary A. Wickerman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jany 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933 to Jan 31, 1933

I last saw him alive on Jan 31, 1933 death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cirrhosis of liver	1928

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. C. Cain, M. D.

(Address) Yuma Arizona