2174

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Graham State Arizona State File No. 62

District or Township Graham or Village Central Registered No. 36

City Central No. ..... or

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

2. FULL NAME Larry Arden Allred

(a) Residence, No. Central St., ... Ward. 119

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U. S. if of foreign birth? yrs. 3 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy

4. COLOR or RACE White

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day and year) 12/25/33

7. AGE Years 0 Months 3 mo Days 15 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work no

(b) General nature of industry, business or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Central Ariz

PARENTS

10. NAME OF FATHER Myron E. Allred

11. BIRTHPLACE OF FATHER (State or country) Ariz (city or town)

12. MAIDEN NAME OF MOTHER Elizabeth L. Palmer

13. BIRTHPLACE OF MOTHER (State or country) Ariz (city or town)

14. Informant J. M. Smith (Address) Bishop, Central, Ariz

15. Filed May 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4/10 — 33 (Month Day Year 19)

17. I HEREBY CERTIFY, That I attended deceased from 4/8 — 1933 to 4/10 — 1933 that I last saw him alive on 4/8 — 1933 and that death occurred, on the date stated above, at 3 A m. The CAUSE OF DEATH* was as follows:

Summer diarrhoea

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) no

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted If not at place of death? Arizona

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. E. Platt, M. D.

4/10 — 1933 (Address) Safford Ariz

* 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).

19. PLACE OF BURIAL, CREMATION OR REMOVAL Central

DATE OF BURIAL 4/11/33

20. UNDERTAKER J. M. Smith Bishop

ADDRESS Central Ariz

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.

MARGIN RESERVED FOR BINDING