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MARGIN RESERVED FOR BINDING
EVERY
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.

Arizona State Board of Health **BUREAU OF VITAL STATISTICS**

State File No. _____ Registered No. 58

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Navajo State ARIZONA
 Township _____ or Village _____
 City Redwood (If death occurred in a hospital or institution, give its NAME instead of street and number) _____ St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if foreign birth _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred 59 yrs. _____ mos. _____ ds.

2. FULL NAME Robert L. Keurod _____ St. _____ Ward _____
 (a) Residence: No. Payson Ariz (Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1938
 I HEREBY CERTIFY, That I attended deceased from _____
 _____ to _____ 1938
 I last saw him alive on June 12, 1938; death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:
Fracture of ribs - right side Date of Onset 4/15/38
Lobular Pneumonia 7/25/38
Peri hepatitis 5/18/38
 Other contributory causes of importance: _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married

5a. If married, widowed, or divorced HUSBAND of Meritha G. Keurod (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 14 1864

7. AGE Years 74 Months _____ Days 28 If LESS than 1 day, _____ hrs. _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (state or country) Payson Utah

MOTHER 13. NAME Wm Lewis Keurod 14. BIRTHPLACE (city or town) (State or country) Union Ill.

FATHER 15. MAIDEN NAME Polly Ann Young 16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Meritha Keurod (Address) Payson Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Payson Ariz Date 6-13, 1938

19. UNDERTAKER Family (Address) _____

20. Filed 8-30, 1938 Registrar Ramona Williams

If so, specify _____ (Signed) Meritha Keurod M. D. (Address) Redwood Ariz

Back of Certificate to be used for any Additional Information

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