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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH County <u>Gila</u> District <u>Miami</u> Town <u>Miami</u> City		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State Index No. <u>296</u> County Registered No. <u>105</u> Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH No. <u>Miami Infection Hospital</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		St. _____	
FULL NAME <u>Frederick A. Behringer</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE <u>MARRIED</u> WIDOWED or DIVORCED	DATE OF DEATH <u>May 28</u> 191 <u>4</u> (Month) (Day) (Year)
DATE OF BIRTH <u>June 20</u> 18 <u>61</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from _____ 191_____ to _____ 191_____; that I last saw h_____ alive on _____ 191_____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Accident in mine</u>	
AGE <u>53</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____		(Duration) <u>3</u> yrs. <u>5</u> mos. <u>6</u> days	
OCCUPATION (a) Trade, profession or particular kind of work. <u>Missing</u> (b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or country) <u>Brooklyn N.Y.</u>		CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
PARENTS NAME OF FATHER <u>A. Behringer</u>		(Signed) <u>E. H. McEachern, Coroner</u> <u>May 30</u> 191 <u>4</u> (Address) <u>Miami, Az</u>	
BIRTHPLACE OF FATHER (State or country) <u>Germany</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
MAIDEN NAME OF MOTHER <u>Julia Bose</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>		Former or Usual Residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. F. A. Behringer</u>		Filed <u>May 30</u> 191 <u>4</u> <u>B. G. Taylor</u> Local Registrar	
(Address) <u>Miami</u>		Filed <u>June 5</u> 191 <u>4</u> <u>B. G. Taylor M.D.</u> County Registrar	
PLACE OF BURIAL OR REMOVAL <u>Final Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>May 30</u> 191 <u>4</u>		
UNDERTAKER <u>Miami Undertaking Co.</u>	ADDRESS <u>Miami, Arizona</u>		