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FILL OUT ALL BLANKS.

...ly 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 527

County Registered No. 74

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yavapai

District Prescott

Town Or City Prescott

No. 215 So. Marina St.

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

FULL NAME Milton Tregalles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: May 1 18 ~~191~~ (Month) (Day) (Year)

AGE: 43 yrs. mos. days

If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): California.

PARENTS

NAME OF FATHER: Samuel Tregalles

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Susan Edwards

BIRTHPLACE OF MOTHER (State or country): England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Tregalles

(Address) Prescott, Arizona.

PLACE OF BURIAL ~~OR REMOVAL~~: Mt. View Cemetery

DATE OF BURIAL ~~OR REMOVAL~~: May 26 1914

UNDERTAKER: Leslie Riffner

ADDRESS: Prescott Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24 1914 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to May 24 1914; that I last saw him alive on May 24 1914, and that death occurred on the date stated above at 6:40 P. M. The DISEASE or INJURY causing Death was as follows: Exhaustion due to aortic aneurism

(Duration) about 2 yrs. mos. days

Was disease contracted in Arizona? Yes

If not, where? No

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) Harry F. Southworth

May 25 1914 (Address) Prescott Ariz

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 9 yrs. mos. ds. In Arizona 16 yrs. mos. ds.

Former or Usual Residence

Filed May 1914 Harry F. Southworth Local Registrar

Filed 6/18 1914 J. Lee Wolcott County Registrar