

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. Kennedy

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Gila
District Globe
Town Globe
Or City Globe

BUREAU OF VITAL STATISTICS

State Index No. 126

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 17

Local Registrar's No. _____

No. Cor. 2nd and Oak St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Geo. W. Curmutt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White SINGLE MARRIED WIDOWED DIVORCED

DATE OF BIRTH March 12th 1913
(Month) (Day) (Year)

AGE 4 yrs. - mos. - days If less than 1 day, hrs. or min.

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

BIRTHPLACE (State or country) Arizona

NAME OF FATHER J. M. Curmutt

BIRTHPLACE OF FATHER (State or country) Ill.

MAIDEN NAME OF MOTHER Jennie Nighbert

BIRTHPLACE OF MOTHER (State or country) Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Curmutt
(Address) Globe, Arizona

PLACE OF BURIAL OR REMOVAL Globe, Arizona DATE OF BURIAL OR REMOVAL Jan. 10th 1917

UNDERTAKER J. L. Jones & Son ADDRESS Globe, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1917
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Ill. 1917 to Jan 9 1917; that I last saw him alive on Jan 9 1917, and that death occurred on the date stated above at 3 P.M. The DISEASE or INJURY causing death was as follows: Pneumonia

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY _____ (Duration) yrs. mos. days

(Signed) R. J. Jones 1917 (Address) _____

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

At place of death, yrs. mos. ds. In Arizona, yrs. mos. ds. Former or Usual Residence _____

Filed Jan 10 1917 R. J. Jones Local Registrar

Filed Feb 5 1917 R. J. Jones County Registrar