2649

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 413
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Pinal
District
Town or city
No. Died in automobile - at Red Rock, Ariz. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Abraham Lincoln Rivers.
(a) Residence. No. ~~Pecacho~~ Ariz. Toltec. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 24. 1860.

7. AGE Years 68 | Months | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(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) Cresco Iowa.

PARENTS

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant (Address) Ralph Riviera

15. Filed 19 Mary Plenz Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept. 21 1928.

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw him alive on Dead 9-21 1928
and that death occurred, on the date stated above, at 1 pm.
The CAUSE OF DEATH* was as follows:
valvular heart lesions
(duration) yrs. mos. ds
CONTRIBUTORY (secondary) age & living
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Don't know
Did an operation precede death? no date of no
Was there an autopsy? no
What test confirmed diagnosis? Symptoms
Signed J. E. Reddin M. D.
19 (Address) Casa Grande 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 Mt View Cemetary
DATE OF BURIAL Sept 25 1928
ADDRESS

20. UNDERTAKER Fisher Funeral Home