ARIZONA STATE BOARD OF HEALTH PLACE OF DEATH State Index N BUREAU OF VITAL STATISTICS County Registered No. ORIGINAL CERTIFICATE OF DEATH Local Registrar's No.--every effort correction. Town Or City (If death occurred FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS returned "unknown." DEATH DATE OF SINGLE (Year) (Day) Color or Race MARRIED (Month) White Indian Black-Chinese SEX WIDOWED or DIVORCED hereby certify, that I attended deceased from Mexican insert word that I last saw h.....alive DATE OF BIRTH 191. (Year) Will and that death occurred on the date (Day) (Month) SE or INJUIN causing Death If less than 1 day,... certificates AGE hrs., or.....min. 1.6 .yrs. 14. mos. 14. 12 ... days be obtained OCCUPATION Incorrect Which employed or (employer) not se contracted in Arizona? BIRTHPLACE Was disc (State or country) can this information. not NAME OF classified. If any item FATHER BIRTHPLACE OF (Duration PARENTS FATHER (State or country (Signed) MAIDEN NAME OF MOTHER (Address)... • In deaths from VIOLENT CAUSES state (1) MEANS OF INJU and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL secure BIRTHPLACE OF MOTHER (State or county) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE LENGTH OF RESIDENCE At place of death....yrs. mosfuds. In Arlzona... .mos....ds. `~ be prop (Informant) A Former or Usual Residence (Address) BURIAL OF PLACE OF BURIAL Local Registrar year197.2 Filed Donnty Barletrar UNDERTAKER