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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH State File No. 493 County Yuma District or Township Colo. River Agency City Beuse Agency Hospital

2. FULL NAME Thomas Bouse (a) Residence No. Bouse Length of residence in city or town where death occurred 20 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 Married 5a. If married, widowed, or divorced HUSBAND of Katherine Bouse 6. DATE OF BIRTH 7. AGE 7 1/2 8. OCCUPATION OF DECEASED Farmer 9. BIRTHPLACE Jackson Mendoceno Co., Calif.

10. NAME OF FATHER unknown 11. BIRTHPLACE OF FATHER Pennsylvania 12. MAIDEN NAME OF MOTHER Barbara 13. BIRTHPLACE OF MOTHER Missouri

14. Informant Katherine Bouse, wife 15. Filed 7/16 1929 John Bellus Registrar.

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH July 12 1929 17. I HEREBY CERTIFY, That I attended deceased from July 12 1929 to July 12 1929 that I last saw him alive on July 12 1929 and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows: Rattle snake bite 18. Where was disease contracted Bouse, Ariz. Did an operation precede death? no Date of Was there an autopsy? no What test confirmed diagnosis? snake bite (Signed) M. A. J. Nettle M. D. 7-13 1929 (Address) Colo. River A

19. PLACE OF BURIAL, CREMATION OR REMOVAL Bouse DATE OF BURIAL 7/13/29 20. UNDERTAKER Collins + Martin ADDRESS Parker.

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.

THIS MARGIN RESERVED FOR FINDING PLACE OF STATE CAUSE OF DEATH IN PLAIN TERMS