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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may 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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
COUNTY <u>Yuma</u> DISTRICT <u>Bowser</u> TOWN OR CITY			ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH State Index No. <u>526</u> County Registered No. Local Registrar's No.		
FULL NAME <u>Sam A Butler</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			No. St.		
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	<del>SINGLE</del> <del>MARRIED</del> WIDOWED OR DIVORCED	DATE OF DEATH <u>July</u> <u>14</u> <u>1925</u> (Month) (Day) (Year)		
DATE OF BIRTH (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Sept 9</u> <u>1924</u> to <u>July 14</u> <u>1925</u> ; that I last saw him alive on <u>July 13</u> <u>1925</u> , and that death occurred on the date stated above at <u>9:43 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Arterio-sclerosis</u>		
AGE <u>80</u> yrs. mos. days hrs., or min.			Was disease contracted in Arizona? <u>Yes</u> (Duration) <u>3</u> yrs. mos. days If not, where? CONTRIBUTORY <u>Gangrene of foot &amp; leg</u> (Duration) yrs. mos. days <u>4</u>		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			(Signed) <u>M. A. J. Nettle m.d.</u> <u>July 15<sup>th</sup> 1925</u> (Address) <u>Colo. River Ariz.</u> *In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE (State or country) <u>Illinois</u>			LENGTH OF RESIDENCE At place of death <u>15</u> yrs. mos. ds. In Arizona <u>40</u> yrs. mos. ds.		
PARENTS	NAME OF FATHER <u>Chas. W. Butler</u>		Former or Usual Residence		
	BIRTHPLACE OF FATHER State or country <u>Ohio</u>		Filed <u>July 19 1925</u> <u>John Bellus</u> Local Registrar		
	MAIDEN NAME OF MOTHER <u>Louisa Butler</u>		Filed <u>July 19 1925</u> <u>John Bellus</u> Local Registrar		
BIRTHPLACE OF MOTHER State or country <u>Canada</u>		County Registrar			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Sarah J. Vickers, Sister</u>					
(Address) <u>Bowser Ariz</u>					
PLACE OF BURIAL OR REMOVAL <u>Bowser Ariz</u>		DATE OF BURIAL OR REMOVAL <u>July 17 1925</u>			
UNDERTAKER <u>None</u>		ADDRESS			