

7561

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

1. PLACE OF DEATH
County Yuma State Arizona
District or Township Bill Williams River District on the
City John D. Hayden Ranch Yuma County Arizona
FULL NAME Ralph Hart
(a) Residence, No. Hayden Ranch on Bill Williams River 173

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED WIDOWED
5a. If married, widowed, or divorced HUSBAND of LELIA (or) WIFE of
6. DATE OF BIRTH (month, day and year) SEPT. 1-1871
7. AGE Years 61 Months 5 Days 7 IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ARCHITECT (b) General nature of industry, business or establishment in which employed (or employer) MINING (c) Name of employer
9. BIRTHPLACE (city or town) NEAR FT. SCOTT (State or country) BOURBON KANSAS
10. NAME OF FATHER JOSEPH
11. BIRTHPLACE OF FATHER PITTSBURGH (State or country) PENN
12. MAIDEN NAME OF MOTHER SARAH REESMAN
13. BIRTHPLACE OF MOTHER COLUMBUS (State or country) OHIO

14. Informant C. P. CRANIER (Address) 176 E. 50TH ST PORTLAND OREGON
15. Filed Feb. 15, 1933 John Bellus Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 8 1933
17. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... that I last saw h... alive on ... 19... and that death occurred, on the date stated above, at ... m. The CAUSE OF DEATH\* was as follows: Gun shot wound inflicted by assassin unknown
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) 19 (Address) M. D.
\* 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 Boussey DATE OF BURIAL Feb. 15-33
20. UNDERTAKER John Bellus ADDRESS Boussey

MARGIN RESERVED FOR BINDING
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.