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PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma  
District \_\_\_\_\_  
Town Boys  
Or City \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 540

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 89

Local Registrar's No. \_\_\_\_\_

No. Winter's Hotel St. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Miss Leuch Winters

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

SEX M Color or Race White SINGLE MARRIED WIDOWED or-DIVORCED

DATE OF BIRTH Oct 20 1847  
(Month) (Day) (Year)

AGE 67 yrs 10 mos 12 days If less than 1 day \_\_\_\_\_ hrs., or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

BIRTHPLACE (State or country) Tennessee

NAME OF FATHER Miss Winters

BIRTHPLACE OF FATHER (State or country) Tennessee

MAIDEN NAME OF MOTHER M. V. Leathers

BIRTHPLACE OF MOTHER (State or country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Israel Neutoma

(Address) Parker Ariz.

PLACE OF BURIAL OR REMOVAL Boys DATE OF BURIAL OR REMOVAL Sept 5 - 1915

UNDERTAKER John H. Collins ADDRESS Parker Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1915  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 8th 1914 to Sept 4 1914; that I last saw h. him alive on Sept 3 1914, and that death occurred on the date stated above at 1:15 P.M. The DISEASE or INJURY causing

Death was as follows: Chronic Bronchitis & Emphysema

(Duration) 7 yrs 7 mos 3 days

Was disease contracted in Arizona? No  
If not, where? \_\_\_\_\_

CONTRIBUTORY Right heart dilatation  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) Anna Israel Neutoma  
9/5 1915 (Address) Parker Ariz.

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death 8 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona 2 1/2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence Filed Oct 7 1915 E. Collins Local Registrar

Filed 11/15 1915 E. C. Wiles County Registrar