

WRITE CLEARLY, WITH UNIFORM SPACING, AND IN INK. 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.

G. A. Higgins

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 35

PLACE OF DEATH Yachima
County Yachima

District Beiler
Town Beiler
Or City Beiler

ORIGINAL CERTIFICATE OF DEATH

County Registered No. _____
Local Registrar's No. _____

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Nathaniel Dawson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Nov. 6</u> 191 <u>8</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov. 12</u> 189 <u>2</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Oct 25</u> 191 <u>8</u> to <u>Nov. 6</u> 191 <u>8</u> ; that I last saw her alive on <u>Nov. 6</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>3:45</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u>	
AGE <u>25</u> yrs <u>11</u> mos <u>24</u> days If less than 1 day --- hrs., or --- min.				
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer)			_____ (Duration) _____ yrs _____ mos <u>12</u> days	
BIRTHPLACE (State or country) <u>Colorado</u>				
NAME OF FATHER <u>P. J. Higgins</u>			Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE OF FATHER (State or Country) <u>Arkansas</u>			CONTRIBUTORY _____ (Duration) _____ yrs _____ mos _____ days	
MAIDEN NAME OF MOTHER <u>Annie Foyle</u>			(Signed) <u>D. W. P. [Signature]</u> <u>Nov. 7</u> 191 <u>8</u> (Address) <u>Beiler</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Arkansas</u>			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above Is True to the Best of My Knowledge (Informant) <u>[Signature]</u> (Address) <u>Beiler</u>			LENGTH OF RESIDENCE At place of death _____ yrs _____ mos _____ ds. In Arizona _____ yrs _____ mos _____ ds. Former or Usual Residence _____	
PLACE OF BURIAL OR REMOVAL <u>Beiler</u>		DATE OF BURIAL OR REMOVAL <u>Nov. 10</u> 191 <u>8</u>		
UNDERTAKER <u>W. J. [Signature]</u>		ADDRESS <u>[Signature]</u>		

Filed Nov. 7 1918 W. J. [Signature]
Local Registrar
Filed Nov 16 1918 [Signature]
County Registrar