

2569

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.

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

1. PLACE OF DEATH
 County Yavapai State Arizona State File No. 407
 District or Township Gerde or Village _____ Local Registrar's No. 101
 City Jerome No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Forrest A. River
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			16. DATE OF DEATH <u>Oct 7</u> 19 <u>30</u> Month Day Year	
5a. If married, widowed, or divorced HUSBAND of <u>Maude Ethel River</u>					17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ (that I last saw him _____ alive on _____, 19____)	
6. DATE OF BIRTH (month, day and year) <u>April 17-1895</u>					and that death occurred, on the date stated above, at <u>2:00 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Injury result of accidental falling down cable way.</u>	
7. AGE <u>35</u>	Years	Months <u>5</u>	Days <u>20</u>	IF LESS than 1 day _____ yrs. or _____ min.	(duration) _____ yrs. _____ mos. _____ ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Boilermaker</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer <u>W. B. Bopp Co</u>					CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) (State or country) <u>Phoenix Arizona</u>					18. Where was disease contracted If not at place of death? Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Cosman Inquest</u> (Signed) <u>W. B. Bopp, M.D.</u> 19 <u>30</u> (Address) <u>Jerome Ariz</u>	
10. NAME OF FATHER <u>Raymond A. River</u>					* 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.)	
11. BIRTHPLACE OF FATHER <u>Ill.</u> (city or town) (State or country)					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Phoenix Ariz</u>	
12. MAIDEN NAME OF MOTHER <u>Mary E. Britton</u>					DATE OF BURIAL <u>Oct-7-1930</u>	
13. BIRTHPLACE OF MOTHER <u>Ill.</u> (city or town) (State or country)					20. UNDERTAKER <u>Sept H. McMillan Jerome</u>	
14. Informant <u>Maude River</u> (Address) <u>Box 631 Peoria Arizona</u>					ADDRESS	
15. Filed <u>OCT 25 1930</u> <u>James M. Hayes</u> Registrar.						