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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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Pima
District Tucson
Town Tucson
Or City Tucson

BUREAU OF VITAL STATISTICS

State Index No. 422
County Registered No. 418
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF DEATH

No. 17th St. & Meyer St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Loo King

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	Color of Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED OR DIVORCED
DATE OF BIRTH <u>unknown</u> 18 <u>61</u> (Month) (Day) (Year)		
AGE <u>54</u> yrs. <u>about</u> mos. days hrs., or min.		If less than 1 day
OCCUPATION (a) Trade, profession or particular kind of work. <u>Merchant at 17th & Meyer</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>China</u>		
PARENTS		
NAME OF FATHER <u>Sho moon</u>		
BIRTHPLACE OF FATHER (State or country) <u>China</u>		
MAIDEN NAME OF MOTHER <u>lung she</u>		
BIRTHPLACE OF MOTHER (State or country) <u>China</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>Ralph H. Tolson</u>		
(Address) <u>705 N. 7th Ave.</u>		
PLACE OF BURIAL OR REMOVAL <u>Evergreen Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Oct. 5th</u> 19 <u>15</u>	
UNDERTAKER <u>Kelly Undertaking Co.,</u>	ADDRESS <u>Tucson, Arizona</u>	

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>October</u> <u>2nd</u> 19 <u>15</u> (Month) (Day) (Year)		
I hereby certify, that I attended deceased from 191 to 191; that I last saw h. alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: <u>Murdered; Cut by a pocket knife.</u> (Duration) yrs. mos. days		
Was disease contracted in Arizona? <u>No</u> If not, where? _____		
CONTRIBUTORY (Duration) yrs. mos. days		
(Signed) <u>John C. Conroy</u> <u>10-5</u> 19 <u>15</u> (Address) <u>Coroner</u>		
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
LENGTH OF RESIDENCE At place of death <u>3</u> yrs. <u>6</u> mos. <u>8</u> ds. In Arizona <u>1</u> yrs. <u>0</u> mos. <u>7</u> ds.		
Former or Usual Residence <u>Tucson, Ariz</u>		
Filed <u>10-5</u> 19 <u>15</u> <u>W. M. O'Connell</u> Local Registrar		
Filed <u>11/8</u> 19 <u>15</u> <u>J. M. O'Connell</u> County Registrar		