

2905

FILL OUT ALL BLANKS. 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		<b>ARIZONA STATE BOARD OF HEALTH</b>	
County <u>Pima</u>		BUREAU OF VITAL STATISTICS	
District _____		State Index - - No. <u>277</u>	
Town _____		County Registered No. _____	
Or City <u>TUCSON, ARIZONA</u>		Local Registrar's - No. _____	
<b>ORIGINAL CERTIFICATE OF DEATH</b>			
No. <u>928 Anita Street</u>			
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
FULL NAME <u>Low Tai Boon</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <del>Indian</del> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>11/16</u> 192 <u>0</u> (Month) (Day) (Year)
DATE OF BIRTH <u>About</u> 192 <u>    </u> (Month) (Day) (Year)		I hereby certify that I attended deceased from _____ 192 <u>    </u> , to _____ 192 <u>    </u> ; that I last saw h. _____ alive on _____ 192 <u>    </u> , and that death occurred on the date stated above at <u>8:45 P.M.</u> The DISEASE or INJURY causing death was as follows:	
AGE <u>65</u> yrs. mos. days If less than 1 day hrs., or min		a gunshot wound inflicted by a person or persons unknown. (Duration) _____ yrs. mos. days	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? _____ If not, where? _____	
<u>Store Keeper</u>		CONTRIBUTORY (Duration) _____ yrs. mos. days	
BIRTHPLACE (State or Country) <u>China</u>		(Signed) <u>Dean Pease</u> <u>11/8</u> 192 <u>0</u> (Address) <u>TUCSON, ARIZONA</u>	
NAME OF FATHER <u>Unknown</u>		*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF FATHER (State or Country) <u>11</u>		LENGTH OF RESIDENCE At place of death <u>1</u> yrs. mos. ds. In Ariz. <u>25</u> yrs. mos. ds.	
MAIDEN NAME OF MOTHER <u>11</u>		Former or Usual Residence <u>China</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>11</u>		Filed <u>NOV 9 - 1920</u> 192 <u>0</u> <u>Dean Pease</u> Local Registrar.	
The Above is True to the Best of My Knowledge. (Informant) <u>Dean Pease</u>		Filed <u>DEC 10 1920</u> 192 <u>0</u> _____ County Registrar.	
(Address) <u>TUCSON, ARIZONA</u>			
PLACE OF BURIAL OR REMOVAL <u>Evergreen Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>11/9/</u> 192 <u>0</u>		
ADDRESS <u>UNDER PARKING CO. TUCSON, ARIZONA</u>			