

2271

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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
County Yuma
District _____
Town _____
Or City Tucson

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - No. 325
County Registrar's No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

No. 7 miles north of Tucson St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Low Hong

PERSONAL AND STATISTICAL PARTICULARS

SEX Male
Color or Race White Indian
Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH about 1865
(Month) (Day) (Year)
AGE 56 yrs. mos. days If less than 1 day hrs., or min.
OCCUPATION Merchant
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or Country) China
NAME OF FATHER Low Tai Kim
BIRTHPLACE OF FATHER (State or Country) China
MAIDEN NAME OF MOTHER Yee See
BIRTHPLACE OF MOTHER (State or Country) China

The Above is True to the Best of My Knowledge.

(Informant) Low Hong
(Address) Tucson Ariz

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL OR REMOVAL May 7 1921

UNDERTAKER City Undertaking Co. ADDRESS Tucson, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1921
(Month) (Day) (Year)

I hereby certify that I attended deceased from _____ 1921, to _____ 1921; that I last saw h..... alive on _____ 1921, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing death was as follows:

Wounds inflicted by party or parties unknown
(Duration) _____ yrs. mos. days

Was disease contracted in Arizona? No where? _____

CONTRIBUTORY (Duration) _____ yrs. mos. days
(Signed) Edna Brown

May 7 1921 (Address) Edna Brown
*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE
At place of death 3 yrs. 0 mos. 0 ds. In Ariz. 35 yrs. 0 mos. 0 ds.
Former or Usual Residence Arizona

Filed May 7 1921 A. G. Schuchel Local Registrar.

Filed JUN 8 1921 Edna Brown County Registrar.