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FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 537  
County Registered No. 122  
Local Registrar's No. \_\_\_\_\_

**PLACE OF DEATH**  
County Yuma  
District \_\_\_\_\_  
Town Bonsé  
Or City \_\_\_\_\_

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

**FULL NAME** John Anderson Butler

**PERSONAL AND STATISTICAL PARTICULARS**

<b>SEX</b> <u>Male</u>	<b>Color or Race</b> White <del>Indian</del> Black <del>Chinese</del> Mexican	<b>SINGLE</b> <b>MARRIED</b> <b>WIDOWED</b> or <b>DIVORCED</b>
<b>DATE OF BIRTH</b> <u>Dec 29 1853</u> (Month) (Day) (Year)		
<b>AGE</b> <u>65</u> yrs. <u>3</u> mos. _____ days _____ hrs., or _____ min. If less than 1 day _____		
<b>OCCUPATION</b> (a) Trade, profession or particular kind of work <u>Accountant</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		
<b>BIRTHPLACE</b> (State or country) <u>Illinois</u>		
<b>PARENTS</b>	<b>NAME OF FATHER</b> <u>Chas. F. Butler</u>	
	<b>BIRTHPLACE OF FATHER</b> State or country <u>Ohio</u>	
	<b>MAIDEN NAME OF MOTHER</b> <u>Luisa Anderson</u>	
	<b>BIRTHPLACE OF MOTHER</b> State or country <u>Canada</u>	
<b>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>		
<b>(Informant)</b> <u>John Butler</u>		
<b>(Address)</b> <u>Bonsé Ave</u>		
<b>PLACE OF BURIAL OR REMOVAL</b>	<b>DATE OF BURIAL OR REMOVAL</b> _____ 19__	
<b>UNDERTAKER</b>	<b>ADDRESS</b>	

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** March 09 1919  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from March 27 1919 to Mar 29 1919; that I last saw him alive on Mar 27 1919, and that death occurred on the date stated above at 5:30 A.M. The **DISEASE** or **INJURY** causing Death was as follows: Subsular Kidney

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? no  
If not, where? new York state

**CONTRIBUTORY** \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) C. C. Tolleson M.D.  
191\_\_ (Address) \_\_\_\_\_

\*In deaths from **VIOLENT CAUSES** state (1) **MEANS OF INJURY**, and (2) whether **ACCIDENTAL**, **SUICIDAL**, or **HOMICIDAL**.

**LENGTH OF RESIDENCE**  
At place of death \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds. In Arizona \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

Former or Usual Residence Boston Mass.

Filed 4/27/19 1919 H. Stinemar  
Local Registrar

Filed 6/10 1919 A. C. Corney  
County Registrar