

MARGIN RESERVED FOR BINDING
N. B.—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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Yavapai District Seligman Town or city Seligman No. _____ (If death occurred in a hospital or institution, give its NAME instead of street number) State Index - - - No. 508 County Registrar's - No. _____ Local Registrar's - No. 8 St. _____ Ward _____

2. FULL NAME Ernest Bergrin Walker
(a) Residence. No. Seligman Ariz (Usual place of abode) St. _____ Ward _____ Length of residence in city or town where death occurred 1 yrs 6 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

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>single</u>			16. DATE OF DEATH (month, day, and year) <u>4/4</u> 19 <u>27</u>	17. I HEREBY CERTIFY, That I attended deceased from <u>4-2</u> 19 <u>27</u> to <u>4-4</u> 19 <u>27</u> that I last saw <u>him</u> alive on <u>4-4</u> 19 <u>27</u> and that death occurred, on the date stated above, at <u>8 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Cerebro Spinal Meningitis</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ da.	
6. DATE OF BIRTH (month, day and year) <u>Dec - 6 - 1924</u>					18. Where was disease contracted if not at place of death? _____ (duration) _____ yrs. _____ mos. _____ da.	
7. AGE	Years <u>2</u>	Months <u>3</u>	Days <u>29</u>	IF LESS than 1 day or _____ hrs. or _____ min.	Did an operation precede death? <u>no</u> date of _____	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					Was there an autopsy? <u>no</u>	
9. BIRTH PLACE (city or town) <u>Bagdad Calif</u> (State or Country) _____					What test confirmed diagnosis? <u>Symptoms</u>	
10. NAME OF FATHER <u>Leroy Walker</u>					Signed <u>[Signature]</u> M. D. <u>Seligman Ariz</u> (Address)	
11. BIRTHPLACE OF FATHER <u>Thibault La</u> (State or country) _____					* 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.)	
12. MAIDEN NAME OF MOTHER <u>Genay Pearl Hayes</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Seligman Ariz</u> DATE OF BURIAL <u>April 5 1927</u>	
13. BIRTHPLACE OF MOTHER <u>Hannover Pa. Carlisle</u>					20. UNDERTAKER <u>none</u> ADDRESS _____	
14. Informant (Address) <u>Leroy Walker</u>						
15. Filed <u>April 10 1927</u> <u>Mrs. H. M. Tapp</u> Local Registrar.						
V. S. No. 1 _____ 19 _____ County Registrar.						