

1030

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. _____

1. PLACE OF DEATH

COUNTY Graham STATE ARIZONA REGISTERED NO. _____

TOWNSHIP _____ OR VILLAGE _____

CITY Thatcher NO. _____ ST. _____ WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME ALLRED, Geo. N. HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>American</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-12-06</u> , 19__	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19__, TO _____, 19__
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				I LAST SAW H. _____ ALIVE ON _____, 19__; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE	YEARS <u>3</u>	MONTHS <u>6</u>	DAYS _____	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET <u>14 days</u>
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			NAME OF OPERATION _____ DATE OF _____		
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____					
FATHER	13. NAME _____				
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____				
MOTHER	15. MAIDEN NAME _____				
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____				
17. INFORMANT (ADDRESS) _____					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thatcher</u> DATE _____, 19__					
19. EMBALMER { LICENSE NO. _____ FUNERAL DIRECTOR { SIGNATURE _____ ADDRESS _____					
20. FILED _____, 19__ REGISTRAR (ADDRESS) _____					
				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19__ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
				MANNER OF INJURY _____ NATURE OF INJURY _____	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY (SIGNED) <u>R. R. Root</u> M. D. (ADDRESS) _____					