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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.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Graham</u> State <u>ARIZONA</u>		State File No. _____ Registered No. _____	
Township _____ or Village _____		City <u>Metcalf</u> No. _____ St. _____ Ward _____		(If death occurred in a 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 <u>Juan Ajar</u>		How long in State when death occurred? _____ yrs. _____ mos. _____ ds.			
(a) Residence: No. _____ (Usual place of abode)		St. _____ Ward _____ (If non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Spanish</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Feb 7th, 1909</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____		
6. DATE OF BIRTH (month, day, and year) _____			I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.		
7. AGE	Years <u>46</u>	Months _____	Days _____	The principal cause of death and related causes of importance were as follows:	
			If LESS than 1 day, _____ hrs. or _____ min.	<u>Shock after accident</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation _____		
	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) _____				
12. BIRTHPLACE (city or town) _____ (state or country) _____					
FATHER	13. NAME _____				
	14. BIRTHPLACE (city or town) _____ (State or country) _____				
MOTHER	15. MAIDEN NAME _____				
	16. BIRTHPLACE (city or town) _____ (State or country) _____				
17. INFORMANT (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Metcalf</u> Date _____ 19____					
19. UNDERTAKER (Address) _____					
20. Filed _____, 19____ Registrar _____					
				Name of operation _____ Date of _____	
				What test confirmed diagnosis? _____ Was there an autopsy? _____	
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>J. H. Tabbitts</u> , M. D.	
				(Address) _____	