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STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

1. PLACE OF DEATH Graham

COUNTY Graham STATE ARIZONA REGISTERED NO. 58

TOWNSHIP _____ OR VILLAGE _____ OR

CITY Graham 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 _____ HOW LONG IN STATE WHEN DEATH OCCURRED? ____ YRS. ____ MOS. ____ DS.

(A) RESIDENCE: NO. George Stewart ST. _____ WARD _____

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (WRITE THE WORD)

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Ada F. Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE YEARS 40 MONTHS 2 DAYS 4 IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Alabama

FATHER

13. NAME Alexander Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Georgia

MOTHER

15. MAIDEN NAME Nancy E. Ham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Georgia

17. INFORMANT (ADDRESS) Ada F. Stewart (Wife)

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham DATE 6/15, 1909

19. EMBALMER { LICENSE NO. _____ SIGNATURE _____

FUNERAL DIRECTOR _____

ADDRESS _____

20. FILED July 22, 1938 J. M. Stratton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1909

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 6-13-, 1909, TO 6-14, 1909

I LAST SAW HIM ALIVE ON 6-14, 1909; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8 P M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET
Killed by Horse runaway. hitched to Cart	6-13-09

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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 HOMOCIDE? _____ 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 Horse injury

MANNER OF INJURY Runaway horse

NATURE OF INJURY Fracture Skull

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? yes

IF SO, SPECIFY _____

(SIGNED) W. E. Platt M. D.

(ADDRESS) Safford Ariz

10M-11-22-34—REP-GAZ PRINTERY—FORM

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

County Register.

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.

attendance on the deceased. He shall state the cause of death so as to show the course of disease or sequence of causes resulting in death, giving the primary cause and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, including only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms ...