

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 Greenlee District _____ Town or City Morenci

2. FULL NAME John Freeman Burke

(a) Residence. No. _____ Usual place of abode _____ St., _____ Ward _____

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.

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>married</u>		16. DATE OF DEATH (month, day, and year) <u>5/27 1923</u>	17. I HEREBY CERTIFY, That I attended deceased from <u>May 1923</u> to <u>5/27 1923</u> that I last saw him alive on <u>5/1/27 1923</u> and that death occurred, on the date stated above, at <u>7 4 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Carcinoma of Pancreas</u>
5a. If married, widowed or divorced HUSBAND of <u>Teresa M. Burke</u> (or) WIFE of _____				CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
6. DATE OF BIRTH (month, day and year) <u>May 30 84</u>	7. AGE 38 Years 11 Months 27 Days IF LESS than 1 day _____ hrs. or _____ min.	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>fireman</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer _____		18. Where was disease contracted <u>not at place of death?</u>	Did an operation precede death? <u>yes</u> Date of <u>5/27/23</u>
9. BIRTHPLACE (city or town) (State or country) <u>Galindo Tex. 100.</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Freeman family</u>	DATE OF BURIAL <u>May 29 1923</u>
10. NAME OF FATHER <u>James Burke</u>				20. UNDERTAKER <u>L. J. Pascoe</u>	
11. BIRTHPLACE OF FATHER (State or country) <u>Texas</u>				ADDRESS <u>Colfax</u>	
12. MAIDEN NAME OF MOTHER <u>John (Burke)?</u>					
13. BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>					
14. Informant (Address) <u>Mrs. Teresa M. Burke</u>					
15. Filed <u>May 2, 1923</u> <u>M. Moore</u> Local Registrar. V. S. No. 1 _____ 213 _____ County Registrar.					

* 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.)