4512

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

State Index - - - No. 142
County Registrar's - No. 108
Local Registrar's - No. 97

PLACE OF DEATH

1. County Graham
District Sanchez.

Town or city ..... No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Woodruff, T. Poland.

(a) Residence. No. Sanchez - St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and State)

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

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Traylor Poland.

6. DATE OF BIRTH (month, day and year) Jan - 1860

7. AGE Years 64 Months 2 Days — IF LESS than 1 day hrs. or — min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer Detroit Copper Co.

9. BIRTHPLACE (city or town) (State or Country) Alabama

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. Informant (Address) James W. Earven Sanchez.

15. Filed Apr 2, 1924 Hattie W. Schenck Local Registrar.
Filed Apr 2, 1924 D Scott Schenck County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 22 1924

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....,
that I last saw h..... alive on ....., 19....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Carcinoma of lip followed by involvement face, jaw and throat.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (secondary) None
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No date of —
Was there an autopsy? None
What test confirmed diagnosis? None
Signed D Scott Schenck M. D.
19 (Address) Safford.

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Sanchez.
DATE OF BURIAL Mar 23 1924

20. UNDERTAKER None
ADDRESS

(over)