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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. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Greenlee
District _____
Town or City Morenci

BUREAU OF VITAL STATISTICS

State Index - - - No. 113
County Registrar's - No. _____
Local Registrar's - No. 5

ORIGINAL CERTIFICATE OF DEATH

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

2. FULL NAME John Woods Garbrough
(a) Residence, No. 1118 Morenci Pkwy St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED infant
(Write the word)

16. DATE OF DEATH (month, day, and year) 1/16/27

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from 1/16/27, 19__ to death, 19__ that I last saw him alive on 1/16/27, 19__

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

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH* was as follows:

7. AGE Years 1 Months 2 Days 5 IF LESS than 1 day ____ hrs. or ____ min.

Laryngismus Stridulus

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer none

(duration) ____ yrs. ____ mos. 2 ds.
* CONTRIBUTORY Edema of glottis (secondary)

9. BIRTHPLACE (city or town) Morenci (State or country) Ariz

(duration) few minutes

10. NAME OF FATHER W B Garbrough

18. Where was disease contracted if not at place of death? _____

11. BIRTHPLACE OF FATHER Greenville N.C. (State or country)

Did an operation precede death? no Date of _____

12. MAIDEN NAME OF MOTHER Audrey White

Was there an autopsy? no

13. BIRTHPLACE OF MOTHER Louisa (State or country) Idaho

What test confirmed diagnosis? Phys findings
(Signed R Burnham M. D. 19__ (Address) _____)

14. Informant (Address) W B Garbrough

* 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.)

15. Filed Jan 17 1927 Local Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill DATE OF BURIAL Jan 17 1927

Filed _____, 19__ County Registrar.

20. UNDERTAKER C F Brown Address Stephan