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11. B. - WRIT. AS PLAINLY, WITH UNREADABLE 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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Pima State Arizona State File No. 436a
 District or Township _____ or Village _____ Registered No. 7
 City Ajo No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2. FULL NAME Gloyd Owens Brown
 (a) Residence No. Ajo, Ariz St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
 (Write the word)
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
 6. DATE OF BIRTH (month, day and year) May 8, 1897
 7. AGE Years 30 Months 10 Day 7 IF LESS than 1 day _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cow Puncher
 (b) General nature of industry, business or establishment in which employed (or employer) Cattle business
 (c) Name of employer None
 9. BIRTHPLACE (city or town) Brownwood (State or country) Texas
 10. NAME OF FATHER J. L. Brown
 11. BIRTHPLACE OF FATHER Brownwood (city or town) Texas (State or country)
 12. MAIDEN NAME OF MOTHER Martha Willis
 13. BIRTHPLACE OF MOTHER Brownwood (city or town) Texas (State or country)
 14. Informant Bill Brown (Address) Ajo, Ariz
 15. Filed Mar 20 1928 John Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 9, 1928
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1928 to Mar. 9, 1928, that I last saw him alive on Mar. 9, 1928 and that death occurred, on the date stated above, at 9:15 P. M.
 The CAUSE OF DEATH* was as follows:
Chronic Myocarditis with Auricular Fibrillation
 (duration) 20 yrs. _____ mos. _____ ds.
 CONTRIBUTORY _____ (duration) _____ yrs. _____ mos. _____ ds.
 18. Where was disease contracted _____ (duration) _____ yrs. _____ mos. _____ ds.
 Did the person precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Clinical symptoms
 (Signed) A. D. Wood M. D. March 10 1928 (Address) Ajo, Ariz.
 * 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 Ajo Ariz DATE OF BURIAL Mar 10 1928
 20. UNDERTAKER H T Lyon Parker and Co ADDRESS Tucson Ariz