98

U. S.—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.

1 PLACE OF DEATH

County Gila State Arizona Registered No. 840

Township ..... or Village ..... or

City Miami No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Byron Forbes

(a) Residence. No. 327 Hospital Hell 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 Eileen Hill Forbes

6 DATE OF BIRTH (month, day, and year) Dec. 25 1877

7 AGE: Years 52 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Repair foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Miami Copper Co

(c) Name of employer

9 BIRTHPLACE (city or town) Relait (State or country) Kansas

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant ..... (Address)

15 Filed June 5 1930 R. E. Dring REGISTRAR

11—5194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1930

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1930, to June 4, 1930, that I last saw him alive on June 4, 1930, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pneumoconiosis (PNEUMOCONIOSIS)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tuberculosis

..... (duration) ..... yrs. 1 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? No

What test confirmed diagnosis? X rays sputum Exam

(Signed) J. F. Miller, M. D.

June 5, 1930 (Address) Miami, Arizona

* 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: Pinal Cemetery | DATE OF BURIAL: 6-9 1930

20 UNDERTAKER: J. Ney Miles | ADDRESS: Miami Ariz