

1973

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.

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

1. PLACE OF DEATH
 County Pima State Ariz Registered No. 278
 Township Ajo or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Joseph Richard Houghton
 (a) Residence: No. Ajo Ariz St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Sept 2, 1930</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 27, 1930</u> , to <u>Sept 2, 1930</u> . I last saw h.M. alive on <u>Sept 2, 1930</u> ; death is said to have occurred on the date stated above, at <u>1 P.m.</u>		
6. DATE OF BIRTH (month, day, and year)		7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
					<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				The principal cause of death and related causes of importance were as follows:	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				<u>Premature Birth, 7 month</u>	
	10. Date deceased last worked at this occupation (month and year)				Other contributory causes of importance:	
11. Total time (years) spent in this occupation						Date of Onset
						<u>Aug 27</u>
12. BIRTHPLACE (city or town) <u>Ajo</u> (State or country) <u>Ariz</u>						
FATHER	13. NAME <u>Joseph Richard Houghton</u>				Name of operation <u>none</u> Date of <u>✓</u>	
	14. BIRTHPLACE (city or town) <u>St Paul</u> (State or country) <u>Tex</u>				What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>No</u>	
	15. MAIDEN NAME <u>Mary Nervares</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 19____	
MOTHER	16. BIRTHPLACE (city or town) <u>Dallas</u> (State or country) <u>Texas</u>				Where did injury occur? _____ (Specify city or town, county and State)	
	17. INFORMANT <u>Joseph Richard Houghton</u> (Address) <u>Ajo Ariz</u>				Specify whether injury occurred in industry, in home, or in public place.	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Ajo</u> <u>Ariz</u> Date <u>Sept 9, 1930</u>				Manner of injury _____ Nature of injury _____	
19. UNDERTAKER <u>H T Lyons</u> (Address) <u>Ajo Ariz</u>				24. Was disease or injury in any way related to occupation of deceased? _____		
20. Filed <u>Sept 9, 1930</u> <u>John S Wood</u> Registrar. (Address) <u>Ajo Ariz</u>				If so, specify _____ (Signed) <u>J F Spikes</u> M. D. (Address) <u>Ajo Ariz</u>		