527

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 496
County Registrar's - No.
Local Registrar's - No. 91

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.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

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

2. FULL NAME Sherrill Chamberlain

(a) Residence. No. 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): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Frances Freeman

6. DATE OF BIRTH (month, day and year) Jan. 19-1848

7. AGE: Years 82 | Months 11 | Days 3 | IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) Jupiter (State or Country) Illinois

PARENTS
10. NAME OF FATHER J. S. Chamberlain
11. BIRTHPLACE OF FATHER (city or town) (State or country) New York
12. MAIDEN NAME OF MOTHER Mary Chase
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14. Informant Grace Simmons (Address) Florence, Ariz.

15. Filed Jan 10th 1931 D. O. Martin Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. or Feb 1926 to Dec 24 1930
that I last saw him alive on Dec 23 1930
and that death occurred, on the date stated above, at 2:10 P. M.
The CAUSE OF DEATH* was as follows:
Prostatic cancer,
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (secondary) (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? no
What test confirmed diagnosis? Physical findings.
Signed Geo H. Huffman M. D.
Dec 29 1930 (Address) Florence 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: Florence Cemetery, — DATE OF BURIAL: Dec 26th 1930
20. UNDERTAKER: D. O. Martin — ADDRESS: Florence