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MARGIN RESERVED FOR BINDING. 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.

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

1. PLACE OF DEATH
 County Yavapai State Arizona State File No. 494
 District or Township Prescott or Village _____ Local Registrar's No. _____
 City Prescott No. County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Paul E. Gano
 (a) Residence, No. Clemenceau, Arizona 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. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			16. DATE OF DEATH <u>Feb. 14, 1931</u> Month Day Year		
5a. If married, widowed, or divorced HUSBAND of <u>Olga Willard Gano</u> (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 1st, 1931</u> to <u>Feb. 14th, 1931</u> that I last saw him alive on <u>Feb. 14th, 1931</u> and that death occurred, on the date stated above, at <u>10 A. m.</u> The CAUSE OF DEATH* was as follows: <u>Septicemia</u>		
6. DATE OF BIRTH (month, day and year) <u>11/12/79</u>					CONTRIBUTORY (Secondary) <u>Pneumonia</u> (duration) _____ yrs. _____ mos. _____ ds.		
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	18. Where was disease contracted if not at place of death? <u>Clemenceau, Ariz.</u> Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>Yes</u> What test confirmed diagnosis? <u>Autopsy examination</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Dairyman</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					(Signed) <u>C. R. K. S. Wetnam</u> , M. D. <u>Feb. 14/31 Prescott, Ariz.</u> * 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.)		
9. BIRTHPLACE (city or town) (State or country) <u>Milford New York</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. View Cemetery</u> DATE OF BURIAL <u>2/15/31</u>		
10. NAME OF FATHER <u>Albert Gano</u>					20. UNDERTAKER <u>Lester Ruffner Prescott, Ariz.</u>		
11. BIRTHPLACE OF FATHER (State or country) <u>New York</u> (city or town)							
12. MAIDEN NAME OF MOTHER <u>Mary Hauver</u>							
13. BIRTHPLACE OF MOTHER (State or country) <u>New York</u> (city or town)							
14. Informant <u>Mrs. Olga Willard Gano</u> (Address) <u>Clemenceau, Arizona</u>							
15. Filed <u>2/15/31</u> <u>Harry J. [Signature]</u> Registrar.							

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