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MARGIN RESERVED FOR BINDING
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.

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

1. PLACE OF DEATH
 County Yavapai State Arizona
 Township _____ or Village _____
 City Prescott 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 John W. Ward
 (a) Residence: No. Ash Fork, Arizona 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>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED; (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>NOV. 1, 1931</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Florence Ward</u>					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
6. DATE OF BIRTH (month, day, and year) <u>July 1, 1895</u>					I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____.	
7. AGE Years <u>36</u> Months <u>4</u> Days <u>0</u> If LESS than 1 day, _____ hrs. or _____ min.					The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto mechanic</u>					Date of Onset	
					<u>Accidental gun shot wound in the head</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year) _____					Name of operation _____ Date of _____	
11. Total time (years) spent in this occupation <u>13</u>						
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Oliver M. Ward</u>					23. If death was due to external causes (violence) fill in also the following:	
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					Accident, suicide, or homicide? _____ Date of injury _____, 19____	
15. MAIDEN NAME <u>Lulu Hamilton</u>					Where did injury occur? _____ (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Mrs. John Ward,</u> (Address) <u>Ash Fork, Arizona.</u>					Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Ash Fork, Ariz.</u> Date <u>11/5/31</u>					Nature of injury _____	
19. UNDERTAKER <u>W. J. Southworth</u> (Address) _____					24. Was disease or injury in any way related to occupation of deceased? _____	
20. <u>W. J. Southworth</u> Registrar.					If so, specify _____	
					(Signed) <u>Gordon S. Park</u> M.D. (Address) <u>Prescott, Arizona.</u> Coroner	