

1415

MARGIN RESERVED FOR BINDING  
B.—WRITE FULLY, 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 Santa Cruz State Arizona State File No. 400  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 2  
City Nogales  
(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 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Clyde Merrill Bristow  
(a) Residence: No. Nogales, Arizona 120 Monroe St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)

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 Ilee Bristow  
6. DATE OF BIRTH (month, day, and year) 9/15/1896  
7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 3 27  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mounted Inspector  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Customs Service  
10. Date deceased last worked at this occupation (month and year) 1/12/32 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Camp Verde (State or country) Arizona  
13. NAME Conway Bristow  
14. BIRTHPLACE (city or town) Missouri (State or country)  
15. MAIDEN NAME Mary Loy  
16. BIRTHPLACE (city or town) Missouri (State or country)  
17. INFORMANT Mrs. Ilee Bristow (Address) 120 Monroe, Nogales, Arizona.  
18. BURIAL, ~~ORATION, OR CREMATION~~ Place Phoenix, Arizona Date 1/15/32, 19\_\_\_\_  
19. UNDERTAKER Carroon Mortuary (Address) Nogales, Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/12/32, 19\_\_\_\_  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 1/12/32, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 7:15p.m.  
The principal cause of death and related causes of importance were as follows:  
Gunshot wound, piercing heart, Date of Onset \_\_\_\_\_  
Homicide.  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What best confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence) fill in also the following:  
~~Accident~~ Homicide homicide Date of injury 1/12/32 19\_\_\_\_  
Where did injury occur? Santa Cruz, County, Ariz. (Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. Public highway, 1 1/2 miles N. of Nogales  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Chas. E. Hardy \_\_\_\_\_, M. D.

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