

1601

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 Maricopa State Ariz. State File No. 911  
District or Township Safford or Village Central Local Registrar's No. 11  
City \_\_\_\_\_ No. \_\_\_\_\_ St. Central Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
2. FULL NAME Melvin Walter Ferguson  
(a) Residence, No. Central 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 50 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. married  
5a. If married, widowed, or divorced HUSBAND of Marie Ferguson (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) Oct 24 1897  
7. AGE Years 69 Months 4 Days 28 IF LESS than 1 day or \_\_\_\_\_ hrs.  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) Rancher  
(c) Name of employer \_\_\_\_\_  
9. BIRTHPLACE (city or town) (State or country) Kentucky  
10. NAME OF FATHER Henry D. Ferguson  
11. BIRTHPLACE OF FATHER (State or country) Kentucky  
12. MAIDEN NAME OF MOTHER Sally Trappe  
13. BIRTHPLACE OF MOTHER (State or country) Virginia  
14. Informant J. M. Smith (Address) Central  
15. Filed 3/18/32 Registrar. J. W. Shattuck

MEDICAL CERTIFICATE OF DEATH  
16. DATE OF DEATH Feb 13 1932  
Month Day Year  
17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1932 to Feb 13, 1932 that I last saw him alive on Feb 12, 1932 and that death occurred, on the date stated above, at 2:30 a. m. The CAUSE OF DEATH\* was as follows:  
Influenza  
CONTRIBUTORY (duration) \_\_\_\_\_ yrs. mos. 7 ds. Lobar Pneumonia (Secondary)  
(duration) \_\_\_\_\_ yrs. mos. 7 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 Examinati  
(Signed) J. M. Smith M. D. 2-13-1932 (Address) Safford 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 Buried DATE OF BURIAL 2/14/32  
20. UNDERTAKER J. M. Smith ADDRESS Central