1428

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

State File No. 70

1. PLACE OF DEATH

County Graham State Arizona. Local Registrar's No. 73

District or Township Safford, or Village Pima.

City Pima, No. St., Ward or

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Don Carlos McBride

(a) Residence, No. Pima, 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 occurreed 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. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Hubbard

6. DATE OF BIRTH (month, day and year) Jan-13th, 1871

7. AGE: Years 61, Months 7, Days 1. IF LESS than 1 day ___ hrs. or ___ min.

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) Laborer State Highway Dept.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Santiquin Utah

PARENTS

10. NAME OF FATHER James Andrew McBride

11. BIRTHPLACE OF FATHER (State or country) Ohio (city or town)

12. MAIDEN NAME OF MOTHER Elizabeth Clark

13. BIRTHPLACE OF MOTHER (State or country) England (city or town)

14. Informant Donald McBride (Address) Pima, Arizona.

15. Filed Sept-8, 1932 J. N. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 14th, 1932 (Month, Day, Year)

17. I HEREBY CERTIFY, That I attended deceased from ___, 1932 to ___, 1932 that I last saw him alive on 8-13, 1932 and that death occurred, on the date stated above, at 9:15 A.m. The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) H. Patentine

(duration) 3 yrs. ___ mos. ___ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Morris, M. D.

August 14th, 1932 (Address) Safford, Arizona

* 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: Pima, Arizona

DATE OF BURIAL: August 15th, 1932

20. UNDERTAKER: Joe Roseberry (I B. Blake)

ADDRESS: Pima, Arizona

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