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MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY, 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
State File No. 354

1. PLACE OF DEATH
 County Pima State _____ Registered No. _____
 Township 90 District or Village _____ or _____
 City 90, Ariz. (If death occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____
 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 Edward Price
 (a) Residence: No. 90, Ariz. St. _____ Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

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>Dec 12, 1932</u>	22. I HEREBY CERTIFY That I attended deceased from _____, 19____ I last saw <u>12/12</u> , 19 <u>32</u> death is said to have occurred on the date stated above, at <u>about 11 AM</u>
6. DATE OF BIRTH (month, day, and year) <u>Sept 17, 1868</u>				The principal cause of death and related causes of importance were as follows: _____ <u>Natural Causes</u> <u>Outpouring Hemorrhage.</u>		
7. AGE Years <u>64</u> Months <u>2</u> Day <u>25</u>		If LESS than 1 day _____ hrs. or _____ min.		Date of Onset _____		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butler</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) <u>12/14/32</u>		11. Total time (years) spent in this occupation <u>30</u>		Name of operation _____ Date of _____		
12. BIRTHPLACE (city or town) (State or country) <u>Louisville Kentucky</u>		13. NAME <u>Thomas Price</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
14. BIRTHPLACE (city or town) (State or country) <u>Do not know</u>		15. MAIDEN NAME <u>Do not know</u>		23. If death due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
16. BIRTHPLACE (city or town) (State or country) <u>Do not know</u>		17. INFORMANT (Address) <u>Mary T Price</u>		Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____		
18. BURIAL, _____ Place _____ Date <u>12/15/32</u>		19. UNDERTAKER (Address) <u>J. S. Lyons 90, Ariz.</u>		Manner of injury _____ Nature of injury _____		
20. Filed <u>12/12</u> , 19 <u>32</u> <u>Judith S. Wood</u> Registrar.		24. Was disease or injury in any way related to occupation of deceased? _____		If so, specify <u>John S. Wood</u> (Signed) <u>Crowner 90, Ariz.</u> (Address)		