9086

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.

bis

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 421

Registered No. 10 H

1. PLACE OF DEATH

County Yavapai State Arizona

Township Veterans' Administration Hospital or Village ..... or

City Whipple, Arizona No. ..... St. 4 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. 8 mos. 16 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. MIDDAGH

(a) Residence: No. 23 Webster St., Petaluma, Calif. St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)
Male	White	Divorced.

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~ Father of: Mrs. Beverly Smith

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Unknown (state or country) California

FATHER

13. NAME Sam Middagh (deceased)

14. BIRTHPLACE (city or town) Unknown (State or country) Canada

MOTHER

15. MAIDEN NAME Laura Doss (deceased)

16. BIRTHPLACE (city or town) Unknown (State or country) California

17. INFORMANT [illegible] (Address) C. Benedict, Act. Clinical Director

18. BURIAL, CREMATION, OR REMOVAL

Place Petaluma, California Date Jan. 19, 1933

19. UNDERTAKER Lester Ruffner (Address) LESTER RUFFNER, Prescott, Arizona.

20. Filed [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, 19..., to January 18, 1933

I last saw him alive on January 18, 1933, death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Tuberculosis of the lungs.	1918

Other contributory causes of importance:

Drug addiction, morphine.

Name of operation None Date of ---

What test confirmed diagnosis? Autopsy findings. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? – – Date of injury – –, 19...

Where did injury occur? – – (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. – –

Manner of injury – –

Nature of injury – –

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify – –

(Signed) G. D. Allee, Medical Officer in McCharge

(Address) Veterans' Administration Hospital, Whipple, Arizona.