2634

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.

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

State File No. 38

1. PLACE OF DEATH

County Coconino State Arizona Arizona Registered No. 10

Township Red Lake, or Village ____ or

City near Williams, Arizona. No. ____ St., ____ 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. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

167

2. FULL NAME Helen Eveline Casey How long in state when death occurred? ____ yrs. 6 mos. ____ ds.

(a) Residence: No. Williams, Arizona St., ____ Ward. ____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, ~~MARRIED, WIDOWED, or DIVORCED~~, (Write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) 1-27-1908

7. AGE Years 25 Months 3 Days 26 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Till for last seven years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toyah, Texas (state or country)

FATHER

13. NAME Robert A. Casey

14. BIRTHPLACE (city or town) Manardville, Tex (State or country)

MOTHER

15. MAIDEN NAME Daisy May Peacock

16. BIRTHPLACE (city or town) Michigan (State or country)

17. INFORMANT Lily Smith (Address) Williams, Arizona.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Roswell New Mex. Date 5-24, 1933

19. UNDERTAKER F. Hall Gibbs (Address) Williams, Arizona

20. Filed 5-22, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__; death is said to have occurred on the date stated above, at ____ m.

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

	Date of Onset
Suicide from gun shot wound self inflicted.	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

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

Accident, suicide, or homicide? suicide Date of injury ____, 19__

Where did injury occur? 5/21/33 (Specify city or town, county and State)

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

Manner of injury self inflicted.

Nature of injury gun shot wound

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

If so, specify

(Signed) [signature] Ex-Officio, M.D.

(Address) Williams, Ariz. Coroner,

5M 2-8-33 MS-47971

Back of Certificate to be used for any additional Information