

2647

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

1. PLACE OF DEATH Globe State Arizona State File No. 50
 County Globe Registered No. 33
 Township Globe or Village _____
 City Globe No. 450 E. Mesquite (If death occurred in a hospital or institution, give the NAME instead of street and number)
 Length of residence in city or town where death occurred 26 yrs. mos. _____ da. _____ How long in U. S. if of foreign birth? 82 yrs. mos. _____ da. _____

2. FULL NAME (Mrs) Katie Saladay How long in state when death occurred? _____ yrs. _____ mos. _____ da. _____
 (a) Residence: No. 450 E. Mesquite St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Divorced</u>	21. DATE OF DEATH (month, day, and year) <u>5/14</u> , 19 <u>33</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 19 <u>33</u> to <u>May 14</u> , 19 <u>33</u>	
6. DATE OF BIRTH (month, day, and year) <u>12/21/1870</u>			I last saw <u>her</u> alive on <u>May 14</u> , 19 <u>33</u> death is said to have occurred on the date stated above, at <u>1:30</u> p.m.	
7. AGE Years: <u>63</u> Months: _____ Days: _____ If LESS than 1 day, _____ hrs. or _____ min.			The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			Other contributory causes of importance: _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			Date of Onset _____	
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (state or country) <u>Indianapolis Ind.</u>			Name of operation _____ Date of _____	
13. NAME <u>Noah Sloan</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or country) <u>Indy</u>			23. If death was due to external causes (violence) fill in also the following:	
15. MAIDEN NAME <u>Dancy Elizabeth Jackson</u>			Accident, suicide, or homicide? _____ Date of injury _____, 19____	
16. BIRTHPLACE (city or town) (State or country) <u>Indy</u>			Where did injury occur? _____ (Specify city or town, county and State)	
17. INFORMANT <u>Mrs. Ingeanne Hooker</u>			Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury _____	
Place <u>Globe Cemetery</u> Date <u>5/17</u> , 19 <u>33</u>			Nature of injury _____	
19. UNDERTAKER <u>Jones Suburban Home</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
20. Filed <u>6/4</u> , 19 <u>33</u> <u>G. B. Johnston</u> Registrar			If so, specify _____ (Signed) <u>A. J. ...</u> , M. D. (Address) <u>Globe Ariz.</u>	

Back of Certificate to be used for any additional Information