2685

MARGIN RESERVED FOR BINDING

N. B.—WRITE ONLY, 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. 47

Registered No. 15

1. PLACE OF DEATH
County: Maricopa State: arizona
Township: ~~Wick~~ Wickenburg or Village: ~~Wick~~ Wickenburg St.: at home Ward
City: No.: (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. 162 mos. ds.
How long in state when death occurred? 53 yrs. mos. ds.

2. FULL NAME: John Wisdom
(a) Residence: No. near Wickenburg St.: Ward: (If nonresident give city or town and State)
(Usual place of abode)

## 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: Francis Wisdom
6. DATE OF BIRTH (month, day, and year): 11-26-1853
7. AGE: Years 79 Months 5 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter & Smith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no
10. Date deceased last worked at this occupation (month and year): 1914
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (state or country): Trenton michigan

FATHER
13. NAME: Clayton Wisdom
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Elizabeth Tillstone
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Anna E. Purdy
(Address): Wickenburg.

18. BURIAL, CREMATION, OR REMOVAL
Place: Wickenburg Date: 5/3, 1933

19. UNDERTAKER: Wickenburg Funeral Home
(Address): Wickenburg ariz.

20. Filed: 5/10, 1933 J. A. Copeland Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to May 1, 1933
I last saw him alive on May 1, 1933, death is said to have occurred on the date stated above, at 10 10 p.m.

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

| | Date of Onset |
|---|---|
| advanced age | |

Other contributory causes of importance:
acute cold.

Name of operation: none Date of: X
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury: X, 19..
Where did injury occur? X (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury: X
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify:
(Signed): J. A. Copeland, M. D.
(Address): Wickenburg

25M 5-1-31 MS-43289