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N. B.—WRITE INLY, 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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 365

Registered No. .....

1. PLACE OF DEATH

County Pima State Ariz.

Township ..... or Village ..... or

City Ajo 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 11 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Haig Russell

(a) Residence: No. Ajo Ariz. St., ... Ward. .....

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

1884

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Aug 23, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
15	10	17	

OCCUPATION

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

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) .....

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

12. BIRTHPLACE (city or town) Clifton (State or country) Ariz.

FATHER

13. NAME Robert Russell

14. BIRTHPLACE (city or town) Falkirk (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Arthur

16. BIRTHPLACE (city or town) Belmont (State or country) Scotland

17. INFORMANT Robert Russell Sr. (Address) Ajo, Ariz.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Ajo Ariz. Date 7/12, 1933

19. UNDERTAKER H. T. Sydoriu (Address) Ajo Tucson

20. Filed July 17 1933 Katherine Ward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10, 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

Accidental death from gun shot wound, penetrating heart, Died on way to hospital

Other contributory causes of importance: Removing gun from automobile,

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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?

If so, specify .....

(Signed) C. L. Patton, M. D.

(Address) Ajo Ariz.