

4147

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PENNINLY, 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  
 County Apache State Arizona Registered No. 5  
 Township Nutrisso or Village Nutrisso or City No. No. San A Ranch 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 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  
 2. FULL NAME Hubert Baseli Buck How long in state when death occurred? 25 yrs. mos. ds. 162  
 (a) Residence: No. Alpine St. Alpine Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Aug 9th 1933</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lois M. Buck</u>					I last saw h. alive on _____, 19____; death is said to have occurred on the date stated above, at <u>3-30 p.m.</u>	
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance were as follows: <u>Old Age</u>	
7. AGE	Years <u>88</u>	Months <u>4</u>	Days <u>20</u>	If LESS than 1 day, hrs. or min.	Date of Onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					Other contributory causes of importance:	
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) (state or country) <u>Soway</u>						
13. NAME						
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>						
15. MAIDEN NAME <u>Smith</u>						
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>						
17. INFORMANT <u>Accl. Buck</u> (Address)						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Alpine Soil</u> Date <u>Aug. 10 1933</u>						
19. UNDERTAKER <u>Harold &amp; Neighbors</u> (Address) <u>Alpine</u>						
20. Filed <u>Aug 10 1933</u> <u>Lucinda Wilkin</u> Registrar						
					Name of operation _____ Date of _____	
					What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
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) <u>Dr. Datta in attendance</u> M. D. (Address) _____						