2701

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. 276

Registered No. 42

1. PLACE OF DEATH

County Mohave State Arizona

Township ..... or Village Kingman

City ..... 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 37 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 65 yrs. ..... mos. ..... ds.

2. FULL NAME Herman Anema

(a) Residence: No. Round Valley via Kingman St., ... Ward. How long in state when death occured? 37 yrs. ..... mos. ..... ds.

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

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 X

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, x hrs. or ..... min.
75	X	X	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sunday Nov. 19 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (state or country) Holland X

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Stanley F. Wakefield (Address) Kingman, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Kingman Ariz. Date Nov 24 1933

19. UNDERTAKER C. Van Marsh (Address) Kingman Ariz.

20. Filed Nov. 23 1933 Walter Brazee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from None, 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
~~natural causes~~ Probably coronary disease (no medical attendant - Died suddenly)	

Other contributory causes of importance:

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? No

If so, specify .....

(Signed) T R White, M. D.

(Address) County Health Officer Kingman, Ariz.

25M 5-1-31 MS-43239