

530

MARGIN RESERVED FOR BINDING
N. B.—WRITE PAINLY, 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 Cochise State Arizona State File No. 0
 Township _____ or Village St Johns Registered No. _____
 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 _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Walter Lewis Crosby How long in state when death occurred? _____ yrs. _____ mos. _____ da.
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>single</u>	21. DATE OF DEATH (month, day, and year) <u>Jan 29, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 29, 1934</u> to <u>Jan 29, 1934</u> I last saw h. <u>live on that date</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>Jan 29-34</u>			The principal cause of death and related causes of importance were as follows:	
7. AGE Years _____ Months _____ Days _____ <u>Stillborn</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>Stillborn - young</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			<u>Perapsed fetus</u>	
10. Date deceased last worked at this occupation (month and year)			Other contributory causes of importance:	
11. Total time (years) spent in this occupation			Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (state or country) <u>St Johns Ariz</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Carl Lorenz Crosby</u>			23. If death was due to external causes (violence) fill in also the following:	
14. BIRTHPLACE (city or town) (State or country) <u>Chicago Ariz</u>			Accident, suicide, or homicide? _____ Date of injury _____, 19____	
15. MAIDEN NAME <u>Calla Edmund</u>			Where did injury occur? _____ (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or country) <u>Illinois Ariz</u>			Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Wm C. Crosby</u> (Address) <u>St Johns</u>			Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>St Johns</u> Date _____, 19____			Nature of injury _____	
19. UNDERTAKER <u>Neighbors</u> (Address) _____			24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
20. Filed <u>Feb 1, 1934</u> <u>St Paulden</u> Registrar			If so, specify _____ (Signed) <u>J. J. Gaudin</u> , M. D. (Address) <u>St Johns, Ariz</u>	

SM 2-1-33 MS-47971 Back of Certificate to be used for any additional information