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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, 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: Graham State: **ARIZONA** State File No. 822
 Township: _____ or Village: _____ Registered No. 4
 City: Safford
 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: Joseph Greenhalgh How long in State when death occurred: 50 yrs. mos. ds.
 (a) Residence: No. Safford, Ariz St., _____ Ward. _____
 (Usual place of abode) (If non-resident 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>Widower</u>			21. DATE OF DEATH (month, day, and year) <u>Jan 3, 1934</u>	22. I HEREBY CERTIFY that I attended deceased from <u>Jan 22 1934</u> to <u>Jan 2 1934</u> last saw him alive on <u>1-2-34</u> ; death is said to have occurred on the date stated above, at <u>12-15 G.M.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> Date of Onset _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lucretia Greenhalgh</u>		6. DATE OF BIRTH (month, day, and year) <u>July 9-1850</u>	7. AGE Years: <u>83</u> Months: <u>5</u> Days: <u>24</u> If LESS than 1 day, _____ hrs. or _____ min.	Other contributory causes of importance: <u>Chronic Cystitis</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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>St Joseph Mo.</u>		13. NAME <u>Wm Greenhalgh</u>		
14. BIRTHPLACE (city or town) (State or country) <u>England</u>		15. MAIDEN NAME <u>Martha Cluff</u>		16. BIRTHPLACE (city or town) (State or country) <u>England</u>		
17. INFORMANT (Address) <u>Joseph Greenhalgh Safford, Arizona</u>		18. BURIAL, CREMATION, OR REMOVAL Place: <u>Safford, Ariz</u> Date: <u>Jan 4, 1934</u>		19. UNDERTAKER (Address) <u>W. C. Rawson Safford, Arizona</u>		
20. Filed <u>Jan 9 1934</u> Registrar <u>W. H. Stratton</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.		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. M. Morris</u> M. D. (Address) <u>Safford</u>		

20M 4-19-32 MS 48284 Form 3 Back of Certificate to be used for any Additional Information