

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		City <u>Gila</u> State <u>ARIZONA</u>		State File No. <u>171</u>
County <u>Globe</u>		Township <u>Globe</u> or Village		Registered No. <u>171</u>
City <u>Globe</u>		No. <u>420 Parker</u> St.		Ward
Length of residence in <u>County</u> where death occurred <u>51</u> yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME <u>David Devore</u>		How long in State when death occurred? yrs. mos. ds.		
(a) Residence: No. _____ (Usual place of abode)		St. _____ Ward _____ (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>Married</u>		
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Ada Devore</u>				
6. DATE OF BIRTH (month, day, and year) <u>10-25-1856</u>				
7. AGE Years <u>77</u> Months _____ Days _____ If LESS than 1 day, hrs. or min. _____				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher + Cattle Raising</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(Hypostolic)</u>		
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>Green County, Kentucky</u>				
13. NAME <u>Robert Devore</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>				
15. MAIDEN NAME _____				
16. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>				
17. INFORMANT <u>Mrs. Ada Devore</u> (Address) <u>Globe, Arizona</u>				
18. BURIAL <del>OR REMOVAL</del> Place <u>Globe 1008 Cem.</u> Date <u>2/13/1934</u>				
19. UNDERTAKER <u>J. D. Jones</u> (Address) <u>Globe, Arizona</u>				
20. Filed <u>2/24</u> 19 <u>34</u> Registrar <u>Arson &amp; Jones</u>				
21. DATE OF DEATH (month, day, and year) <u>Feb-11<sup>th</sup> 1934</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 1</u> 19 <u>34</u> to <u>Feb 11</u> 19 <u>34</u>		
I last saw <u>him</u> alive on <u>Feb 4</u> 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>10</u> a.m.		The principal cause of death and related causes of importance were as follows:		
		<u>Pneumonia</u>		
		<u>Arterio-sclerosis</u>		
		<u>myocarditis</u>		
		Other contributory causes of importance:		
		<u>Arterio-sclerosis</u>		
		<u>myocarditis</u>		
		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 <u>34</u>		
		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>[Signature]</u> M. D.		
		(Address) <u>Globe</u>		