

1125

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 *Yuma*
 County: *Yuma* State: **ARIZONA**
 Township: *Globe* or Village: *Globe* Registered No. *28*
 City: *Globe* No. *Kila Co. Hoop.*
 Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 2. FULL NAME *Martus Pleich* How long in U. S. if of foreign birth? *30* yrs. *0* mos. *0* ds.
 (a) Residence: No. *Pomat St.* How long in State when death occurred? *10* yrs. *0* mos. *0* ds. (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m.* 4. COLOR OR RACE *Austrian* 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) *Single*
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
49
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *miner*
 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) *1930* 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *2-25, 1934*
 I HEREBY CERTIFY, That I attended deceased from *Jan 24* to *Feb 25, 1934*
 I last saw him alive on *Feb 25, 1934*; death is said to have occurred on the date stated above, at *11:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Mycocarditic
Nephritis (chronic)
 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) *J. A. Davis* M. D.
 (Address) *Phoenix, Arizona*

12. BIRTHPLACE (city or town) (state or country) *Austria*
 13. NAME *Marco Pleich*
 14. BIRTHPLACE (city or town) (State or country) *Austria*
 15. MAIDEN NAME *not known*
 16. BIRTHPLACE (city or town) (State or country) _____
 17. INFORMANT *John Pleich* (Address) *Globe*
 18. BURIAL, CREMATION, OR REMOVAL
 Place *Final Caution* Date *Feb 27, 1934*
 19. UNDERTAKER *Mess Mortuary* (Address) *Globe*
 20. Filed *March 10, 1934* Registrar *Arnon B. Jones*