

1128

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 *Gila* County..... State **ARIZONA** State File No. *57*  
 Township..... *Globe* or Village..... Registered No. *30-416*  
 City..... No. .... (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward .....

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. if of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME *L. W. Riddle* How long in State when death occurred? *30* yrs..... mos..... ds.  
 (a) Residence: No. *Pleasant Valley* St., ..... Ward. *Pleasant Valley* (If non-resident give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS  |                               |  |      |  | MEDICAL CERTIFICATE OF DEATH  |  |
|---|-------------------------------|--|------|--|---|--|
| 3. SEX<br><i>M.</i>   | 4. COLOR OR RACE<br><i>W.</i> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) |      |  | 21. DATE OF DEATH (month, day, and year) <i>2/27</i> 19 <i>34</i>   |  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  |                               |  |      |  | I HEREBY CERTIFY, That I attended deceased from <i>Feb 16</i> 19 <i>34</i> to <i>Feb 27</i> 19 <i>34</i>  |  |
| 6. DATE OF BIRTH (month, day, and year)   |                               |  |      |  | I last saw him alive on <i>Feb 27</i> 19 <i>34</i> death is said to have occurred on the date stated above, at <i>8:00 P.</i> m.                |  |
| 7. AGE <i>70</i>  | Years                         | Months   | Days | If LESS than 1 day,.....hrs. or.....min. | The principal cause of death and related causes of importance were as follows:  |  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stage driver</i> |                               |  |      |  | <div style="border: 1px solid black; padding: 5px;"> <i>Carcinoma of Esophagus</i><br/>           Date of Onset         </div>                  |  |
| 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)   |                               |  |      |  | Other contributory causes of importance:<br><i>Advanced Arteriosclerosis</i>  |  |
| 11. Total time (years) spent in this occupation   |                               |  |      |  | Name of operation..... Date of.....   |  |
| 12. BIRTHPLACE (city or town) (state or country) <i>Not known</i>   |                               |  |      |  | What test confirmed diagnosis?..... Was there an autopsy?.....  |  |
| 13. NAME  |                               |  |      |  | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... |  |
| 14. BIRTHPLACE (city or town) (State or country)  |                               |  |      |  | Where did injury occur?..... (Specify city or town, county and State)   |  |
| 15. MAIDEN NAME   |                               |  |      |  | Specify whether injury occurred in industry, in home, or in public place.   |  |
| 16. BIRTHPLACE (city or town) (State or country)  |                               |  |      |  | Manner of injury.....   |  |
| 17. INFORMANT <i>Gila To Hosp.</i> (Address)  |                               |  |      |  | Nature of injury.....   |  |
| 18. BURIAL, CREMATION, OR REMOVAL   |                               |  |      |  | 24. Was disease or injury in any way related to occupation of deceased?.....  |  |
| Place <i>Orinal County</i> Date <i>3-3</i> 19 <i>34</i>   |                               |  |      |  | If so, specify.....   |  |
| 19. UNDERTAKER <i>Miles McQuinn</i> (Address)   |                               |  |      |  | (Signed) <i>[Signature]</i> M. D.   |  |
| 20. <i>March 10</i> 19 <i>34</i> <i>St. Arsen Berge</i> Registrar (Address) <i>[Signature]</i>                  |                               |  |      |  |   |  |

20M 4-19-33 MS 48294 Form 3      Back of Certificate to be used for any Additional Information