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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 *Graham* County *Graham* State **ARIZONA** State File No. *96*
 Township *North* or Village *Whitaker* Registered No. *15*
 City *Whitaker* 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. _____ ds. How long in U. S. _____ yrs. _____ mos. _____ ds.
 2. FULL NAME *Janner William Earren* How long in State when death occurred _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. *Sanchez* St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city, town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <i>Widower</i>		21. DATE OF DEATH (month, day, and year) <i>March 4 1934</i>	22. I HEREBY CERTIFY, That I attended deceased from <i>March 1 - 1934</i> to <i>March 1 - 1934</i> I last saw him alive on <i>3/1</i> , 1934; death is said to have occurred on the date stated above, at <i>2 a. m.</i> The principal cause of death and related causes of importance were as follows: <i>Apoplexy</i> <i>Cerebral</i> Date of Onset <i>12/23</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Bula Earren</i>	6. DATE OF BIRTH (month, day, and year) <i>March 18 - 1865</i>	7. AGE Years <i>68</i> Months <i>11</i> Days <i>16</i> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Rancher</i>	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		Other contributory causes of importance:	
12. BIRTHPLACE (city or town) (state or country) <i>Miss.</i>		13. NAME <i>unknown</i>			
14. BIRTHPLACE (city or town) (State or country) <i>unknown</i>		15. MAIDEN NAME <i>unknown</i>			
16. BIRTHPLACE (city or town) (State or country) <i>unknown</i>		17. INFORMANT <i>M. E. Earren</i> (Address) <i>Solomonville</i>			
18. BURIAL, CREMATION, OR REMOVAL Place <i>Solomonville Ariz</i> Date <i>March 3, 1934</i>		19. UNDERTAKER <i>W. C. Rawson</i> (Address) <i>Safford Ariz</i>			
20. Filed <i>Apr 9 1934</i> <i>J. M. Stratton</i> Registrar		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 _____			
20. Filed <i>Apr 9 1934</i> <i>J. M. Stratton</i> Registrar		24. Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify _____ (Signed) <i>J. M. Stratton</i> M. D. (Address) <i>3900 E. Ariz</i>			

20M 4-19-32 MS 48294 Form 3 Back of Certificate to be used for any Additional Information