

2130

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 Gila State ARIZONA State File No. 40
 Township Glade City Gila No. Gila Lee Hoop or Village Gila Lee Hoop Registered No. 40
 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 Joe Polgar How long in State when death occurred? 23 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>m.</u>	4. COLOR OR RACE <u>Hungarian</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Apr 3</u> , 19 <u>34</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. <u>Apr. 1</u> I HEREBY CERTIFY, that I attended deceased from <u>1934</u> to <u>Apr. 3</u> , 19 <u>34</u> I last saw him alive on <u>Apr. 3</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>10:45 P.</u> m.	
6. DATE OF BIRTH (month, day, and year) _____					The principal cause of death and related causes of importance were as follows: <u>Pulmonary hemorrhage</u> <u>Apr 3-34</u>	
7. AGE <u>53</u> Years Months Days		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset _____		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>				Other contributory causes of importance: <u>Pulmonary tuberculosis</u> <u>1930</u> <u>44</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) <u>1930</u> 11. Total time (years) spent in this occupation _____					
MOTHER FATHER	12. BIRTHPLACE (city or town) (state or country) <u>Hungary</u>					
	13. NAME <u>unable to obtain</u>					
	14. BIRTHPLACE (city or town) (State or country) <u>"</u>					
	15. MAIDEN NAME <u>"</u>					
16. BIRTHPLACE (city or town) (State or country) <u>"</u>						
17. INFORMANT <u>Gila Co Hoop</u> (Address) _____						
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Final County</u> Date <u>4-7</u> , 19 <u>34</u>						
19. UNDERTAKER <u>Miles Maffiaro</u> (Address) <u>Glade</u>						
20. Date <u>April 17</u> , 19 <u>34</u> Registrar <u>Arson Pregel</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. <u>no</u> Manner of injury <u>none</u> Nature of injury <u>none</u>						
24. Was disease or injury in any way related to occupation of deceased? <u>yes</u> If so, specify <u>Was a miner</u> (Signed) <u>C. W. Adams</u> M. D. (Address) <u>Globe Arizona</u>						

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