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MARGIN RESERVED FOR BINDING
N. B.—WRITE FAIRLY, 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* State **ARIZONA** State File No. **59**
 County *Gila* or Village *Gen. Hosp.* Registered No. **51**
 Township *Globe* City *Globe* No. *117A*
 (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 *N* yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 2. FULL NAME *Albert Rieger* How long in State when death occurred? *15* yrs. mos. ds.
 (a) Residence: No. (Usual place of abode) St. Ward *Maum Army* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <i>Single</i>			21. DATE OF DEATH (month, day, and year) <i>4-27-34</i>	19 <i>34</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from <i>4-27-34</i> , 19 <i>34</i> , to <i>5-5-34</i> , 19 <i>34</i> . I last saw h.l.m. alive on <i>5-4-34</i> , 19 <i>34</i> ; death is said to have occurred on the date stated above, at <i>6 A</i> m.	
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance were as follows: <i>Ulcer Gastric, rupture of</i> Date of Onset <i>4/27/34</i>	
7. AGE <i>44</i>	Years	Months	Days	If LESS than 1 day, hrs. or min.	Other contributory causes of importance: <i>Myocarditis Chronic ? 1932</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>miner</i>					Name of operation <i>repair ruptured gastric ulcer</i> Date of <i>4/27/34</i>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					What test confirmed diagnosis? <i>operation</i> Was there an autopsy? <i>No</i>	
10. Date deceased last worked at this occupation (month and year)					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 <i>34</i> Where did injury occur? (Specify, city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation <i>10</i>					Manner of injury Nature of injury	
12. BIRTHPLACE (city or town, state or country) <i>Eastland Texas</i>					24. Was disease or injury in any way related to occupation of deceased? <i>No</i>	
13. NAME <i>J. E. Rieger</i>					If so, specify	
14. BIRTHPLACE (city or town, State or country) <i>Ga.</i>					(Signed) <i>Sean Walker</i> M. D. <i>Capt Medical Corps US Army</i> <i>Fort Bliss Texas</i>	
15. MAIDEN NAME <i>Anna Hayes</i>					(Address)	
16. BIRTHPLACE (city or town, State or country) <i>Tenn.</i>						
17. INFORMANT <i>Frank Hayes</i> (Address) <i>Globe</i>						
18. BURIAL, CREMATION, OR REMOVAL Place <i>Safford Az</i> Date <i>May 9</i> , 19 <i>34</i>						
19. UNDERTAKER <i>Miss Mortuary</i> (Address) <i>Globe</i>						
20. Filed <i>May 12</i> , 19 <i>34</i> <i>Amos Blugel</i> Registrar						

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