

2675

Dr. Kennedy

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 Registered No. 60
 Township _____ or Village _____
 City Globe No. Gila General Hospital or _____
 Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. if of foreign birth? _____ ds.

2. FULL NAME Ralph Waldo Holt
 (a) Residence: No. Superior Ariz. How long in State when death occurred? 28 yrs. da. St. _____ Ward _____ (If no resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>May 21, 1934</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 21, 1933</u> to <u>May 21, 1934</u> I last saw him alive on <u>May 21, 1934</u> death is said to have occurred on the date stated above, at <u>10:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Meningitis (septic)</u> <u>Abscess of liver</u> <u>Drainage of abscess spinal fluid</u> Date of Onset <u>May 19</u>
5a. If married, widowed, or divorced HUSBAND of <u>Evelyn Frances Holt</u> (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>7-26-1905</u>	7. AGE Years <u>28</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.	Other contributory causes of importance: <u>Abscess of liver</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Miner</u>		10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		Name of operation <u>Drainage of abscess spinal fluid</u> Date of <u>May 19</u> What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
12. BIRTHPLACE (city or town) (state or country) <u>Globe Arizona.</u>		13. NAME <u>Chas. W. Holt</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.	
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		15. MAIDEN NAME <u>Birdie Henderson</u>		Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) (State or country) <u>Jackson Ohio</u>		17. INFORMANT <u>Chas. W. Holt</u> (Address) <u>Lower Miami Ariz.</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Masonic Cem.</u> Date <u>5/24/34</u>		19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona.</u>		If so, specify _____ (Signed) <u>R. D. Kennedy</u> M. D. (Address) <u>Globe Ariz.</u>	
20. Filed <u>June 8, 1934</u> <u>Arizon Board of Health</u>					