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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
 County: Graham State: ARIZONA State File No. 91
 Township: Solonville or Village: Solonville Registered No. 45
 City: Solonville 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. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME: Jessal Madkin How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 1150A St. _____ Ward _____ (If non-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>Single</u>			21. DATE OF DEATH (month, day, and year) <u>May 22, 1934</u>	22. I HEREBY CERTIFY That I attended deceased from <u>May 1st</u> , 19 <u>34</u> , to <u>May 22</u> , 19 <u>34</u> I last saw him alive on <u>May 22</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>4:00</u> p. m. The principal cause of death and related causes of importance were as follows: <u>Septicemia acute</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>	6. DATE OF BIRTH (month, day, and year) <u>Oct-20-1920</u>	7. AGE Years: <u>13</u> Months: <u>7</u> Days: <u>2</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School Boy</u>		10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (city or town) (state or country) <u>Okla.</u>					Other contributory causes of importance: <u>following sore throat</u>	
13. NAME <u>John Madkin</u>					Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Okla.</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Cynthia Sparks</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.	
16. BIRTHPLACE (city or town) (State or country) <u>Okla.</u>					Manner of injury _____ Nature of injury _____	
17. INFORMANT (Address) <u>Boyd Heard</u>					24. Was disease or injury in any way related to occupation of deceased? _____	
18. BURIAL, CREMATION, OR REMOVAL Place: <u>Solonville</u> Date: <u>5/28/34</u>					If so, specify _____ (Signed) <u>J. W. Butler</u> M. D. (Address) <u>Loyford, Ariz</u>	
19. UNDERTAKER (Address) <u>John Madkin</u>					20. Filed _____ 19 <u>34</u> <u>J. M. Statton</u> Registrar	

FORM 4-19-33 MS 48254 Form 3 Back of Certificate to be used for any Additional Information