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MARGIN RESERVED FOR BINDING  
N. B.—WRITE FULLY, 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. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Pima State Ariz Registered No. 317  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ City Agua Fria  
 Length of residence in city or town where death occurred many yrs. mos. ds. How long in U. S. if of foreign birth \_\_\_\_\_ mos. ds.

2. FULL NAME Howard Edwin Williams  
 (a) Residence: No. 400 St. Ariz Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident 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>5/2</u> , 19 <u>34</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>for about 10 days</u> 19 <u>34</u> I last saw him alive on _____, 19 <u>34</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Double Latent Pneumonia</u> Other contributory causes of importance: _____ Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>34</u> 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 _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>O. J. Patton</u> M. D. (Address) <u>Agua Fria</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emily See</u>	6. DATE OF BIRTH (month, day, and year) <u>Oct 15, 1884</u>	7. AGE Years <u>49</u> Months <u>6</u> Days <u>17</u> If LESS than 1 day _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wool work</u>	10. Date deceased last worked at this occupation (month and year) <u>Jan 1934</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Kennett Mo</u>					Date of Onset _____	
13. NAME <u>Edw Williams</u>					Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Ill</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Almira (no name)</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>34</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Ill</u>					Where did injury occur? _____ (Specify city or town, county and State)	
17. INFORMANT <u>Mrs Emily See Williams</u> (Address) <u>Agua Fria</u>					Specify whether injury occurred in industry, in home, or in public place. _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Agua Fria</u> Date <u>5/4</u> , 19 <u>34</u>					Manner of injury _____ Nature of injury _____	
19. UNDERTAKER <u>R. J. Lyall</u> (Address) <u>Agua Fria</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
20. Filed <u>June 7, 1934</u> <u>Katharine Wood</u> Registrar. (Address) _____						