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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 Maricopa State ARIZONA State File No. 303
 Township Phoenix City Phoenix No. St. Joseph Hospital or Ward 2107M
 (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. 2 mos. 2 ds. How long in U. S. of foreign birth... ds.
 2. FULL NAME Yes A. Nowlin Jr How long in State when death occurred... mos. 6 ds.
 (a) Residence: No. Coolidge Ariz St. Coolidge Ward Coolidge (If not 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 words) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>June 25, 1934</u>									
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Gold Nowlin</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>June 24th, 1934</u> to <u>June 25-34, 1934</u> I last saw him alive on <u>June 25, 1934</u> ; death is said to have occurred on the date stated above, at <u>2:45 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage.</u> Date of Onset <u>6-23-34</u>									
6. DATE OF BIRTH (month, day, and year) <u>Mar 24, 1908</u>													
7. AGE <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If LESS than 1 day, hrs. or min.</th> </tr> <tr> <td><u>26</u></td> <td><u>3</u></td> <td><u>1</u></td> <td></td> </tr> </table>				Years	Months	Days	If LESS than 1 day, hrs. or min.	<u>26</u>	<u>3</u>	<u>1</u>			
Years	Months	Days	If LESS than 1 day, hrs. or min.										
<u>26</u>	<u>3</u>	<u>1</u>											
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mail Park Service</u>													
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Foreman-Carpenter</u>													
10. Date deceased last worked at this occupation (month and year) <u>June 23, 34</u>				11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) (state or country) <u>Hailey Okla.</u>													
13. NAME <u>Yes A. Nowlin</u>													
14. BIRTHPLACE (city or town) (State or country) <u>Ark.</u>													
15. MAIDEN NAME <u>Minnie M. Kicker</u>													
16. BIRTHPLACE (city or town) (State or country) <u>Ark.</u>													
17. INFORMANT (Address) <u>Yes A. Nowlin Jr</u> <u>Coolidge Ariz</u>													
18. BURIAL, CREMATION, OR REMOVAL Place <u>Florence Ariz</u> Date <u>June 27, 1934</u>													
19. UNDERTAKER (Address) <u>D. V. Martin</u> <u>Florence</u>													
20. Filed <u>7-14-1934</u> <u>Old Henry</u> Registrar													
				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Acc.</u> Date of injury <u>June 23-34</u> Where did injury occur? <u>On Public Highway</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.									
				Name of operation <u>None</u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>									
				Manner of injury <u>Automobile accident, June</u> Nature of injury <u>Fractured skull.</u>									
				24. Was disease or injury in any way related to occupation of deceased? <u> </u>									
				If so, specify <u> </u> (Signed) <u>E. Payne Palmer</u> M. D. (Address) <u>Bill Professional Bldg.</u>									