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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 Yavapai State ARIZONA Registered No. 46  
 Township Verde or Village \_\_\_\_\_  
 City Jerome No. U.V. Hospital 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 William Charles Brewer How long in State when death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 23 ds.  
 (a) Residence: No. Cook Creek, Arizona St. \_\_\_\_\_ Ward Cook Creek, Ariz.  
 (Usual place of abode) (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>June 25, 1934</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Baby</u>				22. I HEREBY CERTIFY, that I attended deceased from <u>June 25, 1934, to June 25, 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>10 A.M.</u>			
6. DATE OF BIRTH (month, day, and year) <u>Dec 2-1933</u>				The principal cause of death and related causes of importance were as follows: <u>Pneumonia, Labor.</u>		Date of Onset <u>6/23/34</u>	
7. AGE	Years <u>7</u>	Months _____	Days <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.	Other contributory causes of importance: <u>Perthesia</u> <u>May 15/34</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____						
	10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (state or country) <u>Sedonia Ariz</u>							
MOTHER	13. NAME <u>Lamel Brewer</u>					Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) (State or country) <u>Do not know</u>					What test confirmed diagnosis <u>Autopsy</u> Was there an autopsy? <u>yes</u>	
	15. MAIDEN NAME <u>Oline Griffin</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.	
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Jerome Ariz</u>					Manner of injury _____	
	17. INFORMANT <u>William Griffin</u> (Address) <u>Clarkdale Ariz</u>					Nature of injury _____	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Sedonia Ariz</u> Date <u>June 26, 1934</u>					24. Was disease or injury in any way related to occupation of deceased? _____	
19. UNDERTAKER <u>Father</u> (Address) <u>Sedonia Ariz</u>					If so, specify _____ (Signed) <u>Manuel S. Gaede</u> M. D. (Address) <u>Jerome, Arizona</u>		
20. Filed <u>June 26, 1934</u> Registrar _____							

204 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information