

489

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 State File No. 37
 Township Wickenburg or Village Wickenburg Registered No. 57
 City Wickenburg No. 100 St. 1st Ward 1
 (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 10 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 10 yrs. 0 mos. 0 ds.
 2. FULL NAME Julius Kruger How long in State when death occurred 7 yrs. 0 mos. 0 ds.
 (a) Residence: No. 222 W. Main St., Wickenburg Ward. 1 (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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 24 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary Kruger</u>				I HEREBY CERTIFY That I attended deceased from <u>July 25 1934</u> to <u>July 25 1934</u>	
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>				I last saw h. alive on <u>July 21 1934</u> ; death is said to have occurred on the date stated above, at <u>about 11 P.M. July 24</u>	
7. AGE Years <u>56</u> Months _____ Days _____		If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows: <u>Gun shot of head</u> Date of Onset _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Haberlasher</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: _____	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (state or country) <u>Russia</u>				What test confirmed <u>Chemical</u> Was there an autopsy <u>No</u>	
MOTHER		FATHER		23. If death was due to external causes (violence) (If in also the following: Accident, suicide, or homicide) <u>suicide</u> Date of injury <u>July 24 1934</u>	
13. NAME <u>Hannah Kruger</u>		14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>		Where did injury occur? <u>Basin Arizona</u> (Specify city or town, county and State)	
15. MAIDEN NAME <u>Unknown</u>		16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>		Specify whether injury occurred in industry, in home, or in public place. <u>In his store</u>	
17. INFORMANT <u>Joseph Kruger</u> (Address) <u>Wickenburg, Ariz.</u>				Manner of injury <u>Self-inflicted</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas, Arizona</u> Date <u>7/27/34</u> 19 <u>34</u>				Nature of injury <u>Gun shot of head</u>	
19. UNDERTAKER <u>Hubert Conroy</u> (Address) <u>Wickenburg, Ariz.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
20. Filed <u>7/27/34</u> Registrar <u>R. B. Conroy</u>				If so, specify _____ (Signed) <u>Charleton Jay</u> M. D. (Address) <u>Basin, Ariz.</u>	

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information