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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 Sila State ARIZONA State File No. 63
 Township Globe or Village _____ Registered No. 70
 City _____ No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if foreign birth _____ mos. _____ ds.
 2. FULL NAME Walter B. Powers How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Route 10 Box 254 Ward Phoenix (non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. Write the word <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>7-4-34</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____	
6. DATE OF BIRTH (month, day, and year) _____				I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.	
7. AGE <u>22</u>				The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</u>				Date of Onset _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				Name of operation _____ Date of _____	
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>Brownsville Maryland</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Walter B. Powers</u>				23. If death was due to external causes (violence) fill in also the following: Accident, <u>suicide</u> , or homicide _____ Date of injury <u>7-4-34</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				Where did injury occur? <u>near knowledge am</u> (Specify city or town, county and State)	
15. MAIDEN NAME <u>Susie C. Nott</u>				Specify whether injury occurred in industry, in home, or in public place. <u>Automobile accident</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				Manner of injury <u>Truck wreck</u>	
17. INFORMANT (Address) <u>Laurence B. Powers Phoenix Ariz</u>				Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Phoenix Ariz</u> Date <u>July 7, 1934</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
19. UNDERTAKER (Address) <u>Mrs. Mortuary Globe Ariz</u>				If so, specify _____	
20. Filed <u>July 16, 1934</u> <u>Inde. P. Myers</u> Registrar				(Signed) <u>Al. Bird</u> (Address) <u>Phoenix Arizona</u>	

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