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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 Gila State ARIZONA State File No. 76
 Township _____ or Village _____ Registered No. 75
 City Globe No. 655 South Third Street St. _____ 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 29 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 29 yrs. _____ mos. _____ ds.

2. FULL NAME Elijah Charles Phillips How long in State when death occurred? 23 yrs. _____ mos. _____ ds.
 (a) Residence: No. 655 South Third Street St. _____ Ward _____
 (Usual place of abode) (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 word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 22, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Beatrice Ellen Phillips</u> (or) WIFE of _____				22. <u>1921</u> I HEREBY CERTIFY that I attended deceased from <u>July 22, 1934</u> I last saw him alive on <u>July 18, 1934</u> , death is said to have occurred on the date stated above, at <u>12:30 P. M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>2/16/1884</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>50</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				<u>Pneumonia tuberculosis 1920</u> Other contributory causes of importance: _____ _____ _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Miner</u>				
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Cornwall</u> (state or country) <u>England</u>					
MOTHER/FATHER	13. NAME <u>John Phillips</u>				
	14. BIRTHPLACE (city or town) _____ (State or country) <u>England</u>				
	15. MAIDEN NAME <u>Jane</u>				
	16. BIRTHPLACE (city or town) _____ (State or country) <u>England</u>				
17. INFORMANT <u>Mrs. Beatrice Ellen Phillips</u> (Address) <u>Globe, Arizona.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Cemetery</u> Date <u>7/24/34</u>					
19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona.</u>					
20. File <u>July 30, 1934</u> Registrar <u>Ed. Robert Bridges</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. _____ Manner of injury _____ Nature of injury _____				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. P. A. [Signature]</u> M. D. (Address) _____	

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