

533

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. 78  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 78  
 City Globe No. \_\_\_\_\_ 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 38 yrs. 3 mos. 4 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ ds.

2. FULL NAME Joseph Powell How long in State when death occurred? 41 yrs. \_\_\_\_\_ ds.  
 (a) Residence: No. 267 St. Esquite (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>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>July 20th, 1934</u>	22. I HEREBY CERTIFY That I attended deceased from <u>Sept 1</u> 1932, to <u>July 20</u> , 1934 I last saw him alive on <u>July 18</u> , 1934; death is said to have occurred on the date stated above, at <u>3:00 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumoniaeoniaeosis</u> <u>Miners Consumption</u> Date of Onset <u>1930</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Francis Jane Powell</u>						
6. DATE OF BIRTH (month, day, and year)						
7. AGE						
Years <u>64</u>	Months <u>11</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>O. D. Mine</u>					
	10. Date deceased last worked at this occupation (month and year) <u>7-8-32</u>				11. Total time (years) spent in this occupation <u>38</u>	
MOTHER FATHER	12. BIRTHPLACE (city or town) (state or country) <u>Redruth, Eng.</u>					
	13. NAME <u>Joseph Powell</u>				Name of operation <u>none</u> Date of _____	
	14. BIRTHPLACE (city or town) (State or country) <u>Redruth, Cornwall, Eng.</u>				What test confirmed diagnosis? <u>Physic</u> Was there an autopsy? <u>no</u>	
	15. MAIDEN NAME <u>Mary Ann</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? <u>no</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) (State or country) <u>Redruth, Eng.</u>				Manner of injury _____ Nature of injury _____		
17. INFORMANT <u>Daughter Florence</u> (Address) <u>267 Esquite St. Globe, Ariz.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>yes</u> If so, specify <u>Miners consumption</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe, Ariz.</u> Date _____, 19____				(Signed) <u>C. W. Adams</u> M. D. (Address) <u>Globe, Ariz.</u>		
19. UNDERTAKER <u>Wiles Mortuary</u> (Address) <u>Globe, Ariz.</u>						
20. Filed <u>August 7, 1934</u> Registrar <u>Arnold</u>						

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