

542

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 Graham State ARIZONA State File No. 88
 Township Pima or Village _____ Registered No. 64
 City Pima 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 4 yrs. 4 mos. 4 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Eric Hundley How long in State when death occurred 34 yrs. _____ mos. _____ ds.
 (a) Residence: No. Pima Way St. _____ Ward _____ (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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 18, 1934</u>	22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Clara Hundley</u>		6. DATE OF BIRTH (month, day, and year) <u>May 14-1893</u>		I last saw him <u>heard</u> on <u>7/18</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>11 A.</u> m.	
7. AGE Years <u>41</u> Months <u>2</u> Days <u>4</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheet Metal Worker</u>		11. Total time (years) spent in this occupation _____		The principal cause of death and related causes of importance were as follows: <u>Fractured Skull</u> <u>Broken Neck and</u> <u>Other Internal</u> <u>Injuries</u> <u>Accepted Rail Road</u> <u>Ran on Pima R.R. crossing</u> <u>and was struck by</u> <u>passing train</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) <u>March 31</u>	12. BIRTHPLACE (city or town) (state or country) <u>Pima Arizona</u>		13. NAME <u>Walter Hundley</u>		
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		15. MAIDEN NAME <u>Hawes</u>		Name of operation _____ Date of _____ What test confirmed diagnosis <u>blood</u> Was there an autopsy? <u>no</u>
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>		17. INFORMANT (Address) <u>Bob Hundley</u> <u>Safford</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima</u> Date <u>July 20 1934</u>		19. UNDERTAKER <u>W. C. Rawson</u> (Address) <u>Safford, Ariz.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Acc</u> Date of injury <u>7/18</u> 19 <u>34</u> Where did injury occur? <u>Public crossing of R.R. crossing</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>as above</u> Nature of injury <u>as above</u>	
20. Filed <u>Aug 19 1934</u> <u>J. N. Station</u> Registrar		24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>		If so, specify _____ (Signed) <u>J. N. Station</u> M. D. (Address) <u>1404 Safford</u>	

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