

1048

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 *Gila* County *Gila* State **ARIZONA** State File No. *67*
 Township *Globe* or Village _____ Registered No. *87*
 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 born _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Lavanda L. League* How long in State when death occurred *41* yrs. _____ mos. _____ ds.
 (a) Residence: No. *Dripps Springs* St. _____ Ward _____ (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>Female</i>	4. COLOR OR RACE <i>w</i>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <i>married</i>		21. DATE OF DEATH (month, day, and year) <i>8-9 1934</i>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____, 19____, death is said to have occurred on the date stated above, at _____ The principal cause of death and related causes of importance were as follows: <i>Arteria pectoris proys</i> <i>on evidence</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Jim League</i>	6. DATE OF BIRTH (month, day, and year)	7. AGE <i>65</i> Years Months Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		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) <i>San Angelo Texas</i>		13. NAME <i>Jos. Cornett</i>		What test confirmed diagnosis? _____ Was there an autopsy? <i>no</i>	
14. BIRTHPLACE (city or town, state or country) <i>Texas</i>		15. MAIDEN NAME <i>Mary Hargrave</i>		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.	
16. BIRTHPLACE (city or town, state or country) <i>Texas</i>		17. INFORMANT (Address) <i>Mary Neighbors</i>		Manner of injury _____ Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <i>Fort Thomas</i> Date <i>8-10 1934</i>		19. UNDERTAKER (Address) <i>Miles Mortuary</i>		24. Was disease or injury in any way related to occupation of deceased? <i>no</i>	
20. FILED <i>AUG 11 1934</i>		20. REGISTER (Address) <i>Arson Bunch</i>		If so, specify _____ (Signed) <i>Arson Bunch</i> N.D. (Address) <i>Registrar of Vital Statistics</i> <i>Globe Arizona</i>	