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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 Graham State ARIZONA State File No. 7192
 Township Pafford or Village _____ Registered No. 11
 City Pima 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Peter Howard Mc Bride How long in State when death occurred _____ mos. _____ ds.
 (a) Residence: No. Pima Arizona St. _____ Ward _____ (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>Aug 19, 1934</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1934</u> , to <u>Aug 19, 1934</u> , 19 <u>34</u> last saw him alive on <u>Aug 19, 1934</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>10:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumonia - Bron</u> Date of Onset _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>May 3 - 1850</u>	7. AGE Years <u>84</u> Months <u>3</u> Days <u>16</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	Other contributory causes of importance: _____	
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) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town, state or country) <u>Scotland</u>					
13. NAME <u>McBride</u>					
14. BIRTHPLACE (city or town, State or country) <u>Scotland</u>					
15. MAIDEN NAME <u>Doyle Kewen</u>					
16. BIRTHPLACE (city or town, State or country) <u>Doyle Kewen</u>					
17. INFORMANT <u>Howard Mc Bride</u> (Address) <u>Blanton Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima Ariz</u> Date <u>Aug 21, 1934</u>					
19. UNDERTAKER <u>M. C. Rawson</u> (Address) <u>Pafford Ariz</u>					
20. Filed <u>Sept 8, 1934</u> <u>G. H. Stratton</u> Registrar (Address) <u>Pima Ariz</u>					

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