

1498

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. 875
 Township Globe or Village _____ Registered No. 99
 City _____ 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 11 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Arthur Jones How long in State when death occurred 9 yrs. _____ mos. _____ ds.
 (a) Residence: No. 602 Mesquite St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Child
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
 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) Globe Arizona
 MOTHER / FATHER
 13. NAME Sam L. Jones
 14. BIRTHPLACE (city or town) (State or country) Texas
 15. MAIDEN NAME Annie League
 16. BIRTHPLACE (city or town) (State or country) Arizona
 17. INFORMANT Beadie Jones (Address) Globe
 18. BURIAL, CREMATION, OR REMOVAL
 Place Globe Date 9-5, 1934
 19. UNDERTAKER Miles Mustang (Address) Globe
 20. Filed Sept 8, 1934 Arnon Benge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Sept 4, 1934
 I last saw him alive on Sept 6, 1934; death is said to have occurred on the date stated above, at 8 A m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis acute
 Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Walter Slobe M. D.
 (Address) Globe

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.