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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
 Township Superior or Village _____
 City Prima No. _____ or Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME David Knight
 How long in State when death occurred? 10 yrs. _____ mos. _____ ds.
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____
 (non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed
 5a. If married, widowed, or divorced HUSBAND of Margaret Knight (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Aug-18-1854
 7. AGE Years 80 Months 0 Days 27 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) 8 yrs 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15, 1934
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1934 to Sept, 19____
 I last saw him _____ alive on Sept 14, 1934, death is said to have occurred on the date stated above, at 8:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Pneumonia Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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? no
 If so, specify _____
 (Signed) D. W. Brandon M. D.
 (Address) Prima, Ariz.

12. BIRTHPLACE (city or town) (state or country) Alabama
 13. NAME David Knight
 14. BIRTHPLACE (city or town) (State or country) Alabama
 15. MAIDEN NAME Peggie Windsor
 16. BIRTHPLACE (city or town) (State or country) Alabama
 17. INFORMANT Alma Knight (Address) Prima Ariz.
 18. BURIAL, CREMATION, OR REMOVAL
 Place Prima Cemetery Date Sept 16 1934
 19. UNDERTAKER W. D. Raymond (Address) _____
 20. Filed Oct-8-1934 by J. H. Stollon Registrar