2373

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.

[redacted]ARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 11

1. PLACE OF DEATH
County Apache State ARIZONA Registered No. 1
Township Alpine or Village Alpine or
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 All of life yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ira Emery Burk How long in State when death occurred? 45 yrs. 11 mos. 18 ds.
(a) Residence: No. Alpine Arizona St., ... Ward. .....
(Usual place of abode) (If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1888

7. AGE: Years 45 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) About 15 years
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (state or country) Alpine, Arizona

FATHER
13. NAME Hubert Roswell Burk
14. BIRTHPLACE (city or town) (State or country) Ambrosia, Lee Co. Iowa

MOTHER
15. MAIDEN NAME Laura Davis Morris
16. BIRTHPLACE (city or town) (State or country) Floid Co. Georgia

17. INFORMANT Ivan O. Burk (Address) Alpine, Arizona.

18. BURIAL, CREMATION, OR REMOVAL
Place Alpine, Ariz. Date Nov. 27, 1934

19. UNDERTAKER ..... (Address) .....

20. Filed ....., 19. Sarah Hamblin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/1/34, 19..... to 11/8/34, 19.....
I last saw him alive on 11/8/34, 19.....; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: | Date of Onset
Squamous Carcinomia of right ankle
Metastasis to left lung

Other contributory causes of importance:
Amputation lower right leg in 1932 at Lovelace Clinic, Albuquerque, N. Mex.

Name of operation / Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? None

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) Kenneth C. Hebert, M. D.
(Address) McNary Arizona

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information