

2430

Dr. Brayton  
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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 67

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 654  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Lower Miami NO. Warrior Siding ST. \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
IN CITY OR TOWN WHERE DEATH OCCURRED 42 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Thos. Collins North HOW LONG IN STATE WHEN DEATH OCCURRED? 50 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. Warrior Siding Miami ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Harriet Cox North</u> WIFE (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-12-1868</u>			
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>7</u>
	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. <u>Mining</u>		
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miss.</u>		
FATHER	13. NAME <u>Thos. Collins North</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ga.</u>		
	15. MAIDEN NAME <u>Elizabeth Robinson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miss.</u>		
	17. INFORMANT <u>Mrs. Harriet Cox North</u> (ADDRESS) <u>Warrior Siding Miami, Ariz.</u>		
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>12/21/34</u> 19 <u>34</u>		
	19. EMBALMER LICENSE NO. <u>I81-A</u> SIGNATURE <u>A. W. Finch</u> FUNERAL DIRECTOR <u>Fred H. Jones</u> License # <u>10-A</u> ADDRESS <u>Globe Arizona</u>		
	20. FILED <u>Dec. 5-</u> 19 <u>34</u> <u>C. M. Cronm. W.</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1934</u>	DATE OF ONSET
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Nov 17, 1934</u> TO <u>Nov 19, 1934</u> I LAST SAW HIM ALIVE ON <u>10 (PM) 1934</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:00 A.</u> M.	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u>	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Asphyxia</u>	
NAME OF OPERATION _____ DATE OF _____	
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
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 <u>At</u>	
MANNER OF INJURY _____	
NATURE OF INJURY _____	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
IF SO, SPECIFY _____ (SIGNATURE) <u>Alvan D. Brayton</u> (ADDRESS) <u>Warrior Siding</u>	