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MARGIN RESERVED FOR BINDING

N. B.—WRITE FAINLY, 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. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VIT 237 ats

1. PLACE OF DEATH
County Maricopa State Ariz State File No. 1
Township ..... or Village ..... Registered No. 1
City Gila Bend No. ..... or
(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 foreign birth?.....yrs.....mos.....ds.

2. FULL NAME James Doke Guthrie
(a) Residence: No. Gila, Arizona St., ... Ward. 82a
(Usual place of abode) (If nonresident 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) Married
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hattie Guthrie
6. DATE OF BIRTH (month, day, and year) 1868
7. AGE Years 66 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. Camp Keeper
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) Dec 10 1934
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Dallas (State or country) Texas

FATHER
13. NAME Sam Guthrie
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME (?) Carr
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Son) Jessie Guthrie
(Address) Gila Bend Ariz

18. BURIAL, CREMATION, OR REMOVAL
Place Ajo Ariz Date Dec 21, 1934

19. UNDERTAKER Lions
(Address) Ajo Arizona

20. Filed 1-20, 1935 Bessie Rhodes F.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 34, to Dec 19, 1934
I last saw him alive on Dec 19, 1934 death is said to have occurred on the date stated above, at 10 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral hemorrhage	12/10/34

Other contributory causes of importance:
Fatty degeneration of heart

Name of operation none 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? no
If so, specify ✓
(Signed) Gould Wells, M. D.
(Address) Gila Bend Ariz