

4253

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. 55

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Cochise STATE ARIZONA REGISTERED NO. _____
TOWNSHIP _____ OR VILLAGE _____
CITY Willcox NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 10 YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? 10 YRS. _____ MOS. _____ DS.
2. FULL NAME Walter Robert HOW LONG IN STATE WHEN DEATH OCCURRED 10 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Willcox, Ariz. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Divorced</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2/10/35</u> , 19 <u>35</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Bell</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb. 10</u> , 19 <u>35</u> , TO _____, 19 <u>35</u>	I LAST SAW HIM ALIVE ON <u>Feb. 10</u> , 19 <u>35</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5</u> P.M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1877</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:		
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET	
<u>63</u>					<u>Feb. 10th</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Garage man</u>				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				NAME OF OPERATION _____ DATE OF _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Stettin Germany</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>		
13. NAME <u>Anderson</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 <u>35</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Anderson</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		
15. MAIDEN NAME <u>Anderson</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Anderson</u>				MANNER OF INJURY _____		
17. INFORMANT (ADDRESS) <u>June Roberts</u>				NATURE OF INJURY _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Willcox, Ariz.</u> DATE <u>Feb 12, 1935</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____		
19. EMBALMER (ADDRESS) <u>Frank W. Pottman</u>				IF SO, SPECIFY _____ (SIGNED) <u>Dr. E. C. Byrnes</u> , M. D.		
20. FILED <u>2-16-35</u> REGISTRAR				(ADDRESS) <u>Willcox, Ariz.</u>		

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M-10-6-34-REP-GAZ PRINTERY—FORM 3