4295

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

Dr. Brayton

STATE FILE NO. 95 V

1. PLACE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 17

TOWNSHIP _____ OR VILLAGE _____ OR

CITY Miami 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 12 YRS. ____ MOS. ____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? ____ YRS. ____ MOS. ____ DS.

2. FULL NAME Clarence Morgan HOW LONG IN STATE WHEN DEATH OCCURRED? 40 YRS. ____ MOS. ____ DS.

(A) RESIDENCE: NO. 618 Live Oak St. ST., _____ WARD.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.
	64			

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Barber

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) 1930

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Indian Territory Oklahoma

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) " "

17. INFORMANT Elizabeth Morgan (ADDRESS) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Feb. 10 1935

19. EMBALMER { LICENSE NO. 209-A SIGNATURE Dalton H. Cole

FUNERAL DIRECTOR Miles Mortuary ADDRESS Miami, Arizona

20. FILED Mar. 4, 1935 C. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb. 1935 TO Feb. 10, 1935

I LAST SAW HE ALIVE ON Feb. 8, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE AT 11 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Chronic Myocarditis	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
Influenza	

NAME OF OPERATION _____ 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? _____

IF SO, SPECIFY _____

(SIGNED) Thomas Brayton M. D.

(ADDRESS) Miami Ariz

10M—10-6-34—REP-GAZ PRINTERY— FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION