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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

1. PLACE OF DEATH STATE FILE NO. 117
STANDARD CERTIFICATE OF DEATH

COUNTY Graham STATE ARIZONA REGISTERED NO. 18
TOWNSHIP Pima OR VILLAGE Pima
CITY Pima 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 52 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.

2. FULL NAME John Henry Seline HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Pima, Arizona 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>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb-13, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 26, 1935</u> , TO <u>Jan 26, 1935</u> LAST SAW HIM ALIVE ON <u>1-26-35</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:30 A.M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-18-1863</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>71</u>	<u>10</u>	<u>13</u>			<u>Chronic Mitral Stenosis</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				<u>Hypertension</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Utah</u>						
13. NAME <u>John Seline</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Finland</u> <u>Eng.</u>						
15. MAIDEN NAME <u>Susan R. Asborn</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>						
17. INFORMANT <u>Roy Seline</u> (ADDRESS) <u>Pima, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pima, Arizona</u> DATE <u>2/15/ 19-35</u>						
19. EMBALMER (LICENSE NO. _____) SIGNATURE <u>W. C. Rawson</u> FUNERAL DIRECTOR <u>Safford, Arizona</u> ADDRESS _____						
20. FILED <u>7-9-35</u> REGISTRAR <u>J. W. Harrison</u> (ADDRESS) <u>Safford, Arizona</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? <u>Home</u> (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) <u>J. W. Harrison</u> M. D. (ADDRESS) <u>Safford, Arizona</u>						