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Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

1. PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 14
TOWNSHIP _____ OR VILLAGE _____
CITY Claypool NO. Near Post Office 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 29 YRS. _____ MOS. _____ DS. _____
HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____
2. FULL NAME Wm. Craghar McGowen HOW LONG IN STATE WHEN DEATH OCCURRED? 40 YRS. _____ MOS. _____ DS. _____

(A) RESIDENCE: NO. Near Post Office ST. _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)
(USUAL PLACE OF ABODE)

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 Julia Ellen McGowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-1861

7. AGE YEARS 73 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Contractor

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Raton Rouge (STATE OR COUNTY) La.

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Mrs. Julia Ellen McGowen (ADDRESS) Claypool Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Globe Cemetary DATE 3-7-1935

19. EMBALMER LICENSE NO. 181-A SIGNATURE [Signature] FUNERAL DIRECTOR LICENSE # 10-A ADDRESS Globe Arizona

20. FILED April 4, 1935 REGISTRAR C. M. Cron

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 21 1935 TO March 4 1935

I LAST SAW him ALIVE ON March 4, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:00 P M.

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

Causes of Stomach

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTO _____

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) [Signature] M. D. (ADDRESS) [Address]

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

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.