

7896

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. **092**

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 29  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. 269 N. Sutherland 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 30 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Jamæ Henry MaDan HOW LONG IN STATE WHEN DEATH OCCURRED? 30 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 269 N. Sutherland ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF NON-RESIDENT, 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 Elizabeth MaDan WIFE OF \_\_\_\_\_

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

7. AGE YEARS 77 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. \_\_\_\_\_ OR \_\_\_\_\_ MIN.

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

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

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) New York

MOTHER FATHER

13. NAME ?

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

15. MAIDEN NAME ?

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

17. INFORMANT Mrs. Elizabeth MaDan  
(ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial  
Globe Camatary DATE 3/28/35, 1935

19. EMBALMER { LICENSE NO. 181-A  
SIGNATURE [Signature]  
FUNERAL DIRECTOR LICENSE # 10-11220 Jones  
ADDRESS Globe Arizona

20. FILED April 18, 1935 [Signature]  
REGISTRAR

---

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 1, 1935, TO Mar 25, 1935  
LAST SAW HIM ALIVE ON Mar 25, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:15 A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Carcinoma of Stomach DATE OF ONSET June 1934

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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? no  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) R. D. Kennedy, M. D.  
(ADDRESS) Globe