

2158

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 STATE FILE NO. 382

1. PLACE OF DEATH
COUNTY MoHAVE STATE ARIZONA REGISTERED NO. 21
TOWNSHIP _____ OR VILLAGE Calvin OR _____
CITY _____ 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 3 YRS. 3 MOS. 0 DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? native MOS. 0 DS.
2. FULL NAME Charles W. Cummings HOW LONG IN STATE WHEN DEATH OCCURRED? 1 YRS. 7 MOS. 0 DS.
(A) RESIDENCE: NO. Oatman, 712 ST. WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Cummings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>13</u>
IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Machinist</u>	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Mill</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH, DAY, YEAR) <u>Dec 1935</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>?</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Virginia City, Nev</u>		
13. NAME <u>Chas. Cummings</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Id</u>		
15. MAIDEN NAME <u>Annie Wynn</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ky</u>		
17. INFORMANT (ADDRESS) <u>James Cummings, Box 26 Oatman, Nev</u>		
18. BURIAL, CREMATION, OR DISPOSAL PLACE <u>Crematorium</u> DATE <u>March 5, 1936</u>		
19. EMBALMER (ADDRESS) SIGNATURE <u>Walter M. ...</u>		
20. FILED <u>March 4, 1936</u> <u>Walter M. ...</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____. I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.

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

Sick suddenly - had no medical attendant

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

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 Probably (SIGNED) _____ M. D.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION