

2490

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

Dr. Brayton 591
STATE FILE NO. 591
REGISTERED NO. 17

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ CITY Miami OR VILLAGE _____

2. FULL NAME Benjamin Palmer
(A) RESIDENCE: NO. 1018 Sullivan ST. _____ WARD _____
(USUAL PLACE OF ABODE) _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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

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

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
abt. 57

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

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) 1914 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Silver City New Mexico

13. NAME Nick Palmer

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

15. MAIDEN NAME Propia Villanueva

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Los Cruces New Mexico

17. INFORMANT (ADDRESS) Propia Palmer Miami Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Cemetery DATE Apr. 6, 1935

19. EMBALMER { LICENSE NO. 289-4 SIGNATURE Dalton H. Cole
FUNERAL DIRECTOR Miss Williams
ADDRESS Miami Arizona

20. FILED May 8, 1935 REGISTRAR C. M. Owen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4, 1935
I HEREBY CERTIFY THAT I ATTENDED DECEASED _____
LAST SAW HIM ALIVE ON April 1, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Pulmonary Tuberculosis
DATE OF ONSET 5-10-30

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____
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 _____
SIGNATURE Dr. Brayton M. D.
(ADDRESS) _____

10M-10-6-34-REP-GAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION