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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

STATE FILE NO. **310**

1. PLACE OF DEATH  
 COUNTY Mohave STATE ARIZONA REGISTERED NO. 42  
 TOWNSHIP Kingman OR VILLAGE \_\_\_\_\_  
 CITY Kingman 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 45 YRS. 5 MOS. 5 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 55 YRS. 5 MOS. 5 DS.  
 2. FULL NAME Edward Grant Williams HOW LONG IN STATE WHEN DEATH OCCURRED? 45 YRS. 5 MOS. 5 DS.  
 (A) RESIDENCE: NO. Kingman Ariz. (USUAL PLACE OF ABODE) 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>Cauc</u>	5. SINGLE, MARRIED, WID. OWED, OR DIVORCED. (WRITE THE WORD) <u>Divorced</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 25, 1935</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>5/22/1935</u> TO <u>5/25/1935</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13 1864</u>			I LAST SAW HIM ALIVE ON <u>5/25/1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:40 P.M.</u>		
7. AGE YEARS <u>71</u> MONTHS <u>2</u> DAYS <u>12</u> IF LESS THAN 1 DAY, HRS. _____ OR MIN. _____	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner Owner</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>&amp; Promoter</u>	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1930</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Weeverville Trinity County California</u>			<u>Cerebral accident or Stroke</u> <u>(Cerebral Hemorrhage)</u> <u>Chronic myocarditis probably alcoholic</u>		
13. NAME <u>Edward Grant Williams</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Germany</u>			NAME OF OPERATION _____ DATE OF _____		
15. MAIDEN NAME <u>Mary Crammer</u>			WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Germany</u>			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		
17. INFORMANT (ADDRESS) _____			WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		
18. BURIAL, <del>BY</del> <u>GENERAL</u> PLACE <u>Kingman Ariz.</u> DATE <u>May 28 1935</u>			SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
19. EMBALMER (LICENSE NO. <u>139</u> ) SIGNATURE <u>Raymond Hunter</u> FUNERAL DIRECTOR <u>W. J. ...</u> ADDRESS <u>Kingman Arizona</u>			MANNER OF INJURY _____ NATURE OF INJURY _____		
20. FILED <u>May 26</u> , 19____ REGISTRAR <u>W. J. ...</u> (SIGNED) <u>ac drick</u> M. D. (ADDRESS) <u>Box 721, Kingman, Ariz.</u>			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>		

10M-11-22-34-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION