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#4

BUREAU OF VITAL STATISTICS

State File No. 29

STANDARD CERTIFICATE OF DEATH Arizona State Board of Health

1. PLACE OF DEATH Cochise State ARIZONA Registered No. \_\_\_\_\_  
 County \_\_\_\_\_ or Village \_\_\_\_\_  
 Township \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 City St. David (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 52 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Joseph Thomas Goodman How long State when death occurred? 52 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. St David St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and State)  
 (Usual place of abode)

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>Annie M. Goodman</u>		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 29-1868</u>		
7. AGE	Years <u>66</u>	Months <u>7</u>
	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
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)		11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (city or town) (state or country) <u>Salt Lake City Utah</u>		
13. NAME <u>Wm Goodman</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Cornwall England</u>		
15. MAIDEN NAME <u>Margaret Taylor</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Cornwall England</u>		
17. INFORMANT <u>Morton W Goodman</u> (Address) <u>St David Ariz</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St David</u> Date <u>June 9, 1935</u>		
19. UNDERTAKER <u>Family &amp; friends</u> (Address)		
20. Filed <u>June 10</u> 19 <u>35</u> <u>A. Gustafson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from June 2 1935 to June 7 1935  
 I last saw h.e.m. alive on June 5 1935; death is said to have occurred on the date stated above, at 9:50 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinomatosis of Abdomen - origin in left Testicle  
 Date of Onset June 1930  
 Other contributory causes of importance:  
 Name of operation removal of Date of \_\_\_\_\_  
 What test confirmed diagnosis? Testicle 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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) L.W. Moffitt M. D.  
 (Address) Benson

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.