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Arizona State Board of Health

1. PLACE OF DEATH
 STANDARD CERTIFICATE OF DEATH
 COUNTY Yavapai STATE ARIZONA REGISTERED NO. 61
 TOWNSHIP Safford OR VILLAGE _____
 CITY Safford NO. _____ (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 34 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME James Campbell HOW LONG IN STATE WHEN DEATH OCCURRED 34 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE NO. Safford, Ariz ST. _____ WARD. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 USUAL PLACE OF ABODE _____

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 (OR) WIFE OF Alice Campbell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-2-1901
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 34 5 9
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Tailor
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Bacon & Baker
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 3rd 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 15
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) May City Texas
 13. NAME James Campbell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Kentucky
 15. MAIDEN NAME Hettie M. Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bonnett Texas
 17. INFORMANT Max Campbell
 (ADDRESS) Safford Arizona
 18. BURIAL, CREMATION, OR REMOVAL PLACE Safford DATE June 11 1935
 19. EMBALMER LICENSE NO. 1166 SIGNATURE W. C. Rawson
 FUNERAL DIRECTOR W. C. Rawson
 ADDRESS Safford Arizona
 20. FILED July 9, 1935 REGISTRAR J. H. Matton

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 9, 1935 TO June 11, 1935
 I LAST SAW HIM ALIVE ON June 11, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4 30 A.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Septicemia, caused by an old prostatic abscess
 DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
uremia's due to an obstruction of the ureters
 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? _____
 IF SO, SPECIFY _____ (SIGNED) W. C. Rawson M. D.
 (ADDRESS) Safford Ariz

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.