

700

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

108

1. PLACE OF DEATH County Maricopa State Arizona Registered No. 4 Township Gila Bend City Gila Bend No. 143 Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME George Holt How long in state when death occurred yrs mos. ds. (a) Residence: No. Gila Bend Ariz. Ward. (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 Dora (Stewart) Holt 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 2 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 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) 1931 11. Total time (years) spent in this occupation 30 12. BIRTHPLACE (city or town) Leadhill (state or country) Arkansas 13. NAME William Holt 14. BIRTHPLACE (city or town) (State or country) unknown 15. MAIDEN NAME Katharine Kacker 16. BIRTHPLACE (city or town) (State or country) unknown 17. INFORMANT Daughter Mrs. Flossie Johnson (Address) Gila Bend Ariz. 18. BURIAL, CREMATION, OR REMOVAL Place Gila Bend Ariz. Date 19. UNDERTAKER (Address) Gila Bend Ariz. 20. Filed June 2 1935 Bessie Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1 1935 I HEREBY CERTIFY, That I attended deceased from May 1 1935 to June 1 1935 I last saw him alive on June 1 1935; death is said to have occurred on the date stated above, at 7:05 P.M. The principal cause of death and related causes of importance were as follows: Pul. I. B. Date of Onset 1932 Other contributory causes of importance: 3 Y 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? no If so, specify (Signed) G. South Wells, M. D. (Address) Gila Bend Arizona

MARGIN RESERVED FOR BINDING N. B.—WRITE MAINLY, 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.