

1211

7901

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

STATE FILE NO. 7901

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 43
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY Near Jayson 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 YRS. _____ MOS. _____ DS. _____
 HOW LONG IN U.S. IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____
 HOW LONG IN STATE WHEN DEATH OCCURRED YRS. _____ MOS. _____ DS. _____
 2. FULL NAME Ched Ratlits
 (A) RESIDENCE: NO. Gisela Ariz ST. _____ WARD _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. L. Ratlits
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1840
 7. AGE YEARS 95 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN. _____
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. old age
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Pensioner of S. Govt
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Camp Verde Arizona
 13. NAME Woo-he-jar-Hee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Arizona
 15. MAIDEN NAME Mph-he-jud-de-co
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Arizona
 17. INFORMANT (ADDRESS) Fred Casey Gisela Ariz
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gisela Ariz DATE July 12, 1935
 19. EMBALMER (LICENSE NO. 1209-VA) SIGNATURE Dalton H. Cole FUNERAL DIRECTOR Miles Mortuary ADDRESS _____
 20. FILED July 17, 1935 REGISTERAR J.M. Oran

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1935
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM April 15, 1935 TO July 5, 1935
 I LAST SAW HIM ALIVE ON July 5, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5.30 A.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Chronic Nephritis DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chronic Rheumatism
 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) A.H. Hager M. D. (ADDRESS) Jaysontown

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.