

1718

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.

BUREAU OF VITAL STATISTICS  
State File No. 80  
Registered No. 13

Arizona State Board of Health

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Gila State ARIZONA  
Township Pine or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ (If death occurred in a hospital or institution give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Theodore Ruessle How long in State when death occurred 47 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Pine, Ariz. St. \_\_\_\_\_ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) April 2, 1862

7. AGE Years 73 Months 4 Days 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not able to work  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) New Orleans, La. (state or country)

MOTHER  
13. NAME Unknown  
14. BIRTHPLACE (city or town) Germany (State or country)  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (city or town) Unknown (State or country)

FATHER  
17. INFORMANT Frank C. Randall (Address) Pine, Arizona  
18. BURIAL, CREMATION, OR REMOVAL Place Pine, Arizona Date Aug. 6, 1935

19. UNDERTAKER \_\_\_\_\_ (Address) \_\_\_\_\_  
20. Filed Aug. 6, 1935 Frank C. Randall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 4, 1935  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Accidental death by fire  
Cause unknown  
Date of Onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_  
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? Acc. Date of injury 8-4-1935  
Where did injury occur? Pine, Gila, Arizona (Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury House burned down  
Nature of injury Cremated  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) W. H. Laberge M. D.  
\_\_\_\_\_ (Address) W. H. Laberge

10M-3-21-33 MS-50301-FORM 3 Back of Certificate to be used for any Additional Information