

2116

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH STATE FILE NO. 59
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 68
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe NO. 808 East Maple 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 1 YRS. 15 MOS. 15 DRS. HOW LONG IN U.S. IF OF FOREIGN BIRTH: 1 YRS. 15 MOS. 15 DRS.

2. FULL NAME Henrietta Pulsifer HOW LONG IN STATE WHEN DEATH OCCURRED 1 YRS. 15 MOS. 15 DRS.
(A) RESIDENCE: NO. 808 East Maple St. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (NON-RESIDENT GIVE CITY, TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widow</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Sept. 2, 1935</u> TO <u>Sept. 4, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph E. Pulsifer Deceased</u>				LAST SAW HER ALIVE ON <u>Sept. 3, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6 A.M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-30-1869</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:		
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.	DATE OF ONSET	
	<u>75</u>				<u>Cerebral hemorrhage Sept 2-3</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			<u>At Home</u>		
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Cedar Rapids Iowa</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Cerebral hemorrhage 1932</u>		
FATHER	13. NAME <u>John P. McArthur</u>			NAME OF OPERATION _____ DATE OF _____		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u>			WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>no</u>		
MOTHER	15. MAIDEN NAME <u>Julia --</u>			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Iowa</u>			WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		
17. INFORMANT <u>Mrs. A. C. Webb - Daughter</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Visalia Calif</u> DATE <u>Sept 6, 1935</u>				MANNER OF INJURY _____		
19. EMBALMER { LICENSE NO. <u>181-A</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR License # <u>10-A</u> <u>[Signature]</u> ADDRESS <u>Globe Arizona</u>				NATURE OF INJURY _____		
20. FILED <u>Sept. 4, 1935</u> <u>[Signature]</u> REGISTRAR				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>		
				IF SO, SPECIFY (SIGNED) <u>R. D. Kennedy</u> M. D. (ADDRESS) <u>Globe Ariz</u>		

10M-10-6-34-REP-GAZ PRINTERY—FORM 3 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION