

2119

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
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA STATE FILE NO. 62
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 72
CITY Globe NO. Gila General Hospital ST. _____ OR _____ 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 3 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Albert Mosaly HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Winkelman Ariz. ST. _____ WARD _____
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 7, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Aug. 15th, 1935, to Sept 7th 1935</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1851</u>				I LAST SAW HIM ALIVE ON <u>Sept 7th, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:00 A. M.</u>	
7. AGE		YEARS <u>84</u>	MONTHS _____	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
		DAYS _____	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	<u>Nephritis</u> DATE OF ONSET <u>1935</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Carpenter</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>retired</u>					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
12. BIRTHPLACE (CITY OR TOWN) <u>H. t Springs</u> (STATE OR COUNTY) <u>Arkansas</u>					
13. NAME _____					
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____					
15. MAIDEN NAME _____					
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____					
17. INFORMANT <u>Blinky Tyler</u> <u>Friend</u> (ADDRESS) <u>Globe Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Globe Cemetery</u> DATE <u>9/9/35</u> , 19__					
19. EMBALMER { LICENSE NO. <u>181-A</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR License # <u>10-A</u> <u>Sept 20 1935</u> ADDRESS <u>Globe Arizona</u>					
20. FILED <u>Sept 14 1935</u> <u>Jeffrey Morris</u> REGISTRAR					
				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) <u>[Signature]</u> M. D. (ADDRESS) <u>Globe, Ariz</u>					