

2125

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

STATE FILE NO. 68
REGISTERED NO. 77

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA

TOWNSHIP Globe OR VILLAGE _____ NO. Gila General Hospital ST. _____ WARD _____

CITY _____ (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 25 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Doc Prescott HOW LONG IN _____ WHEN DEATH OCCURRED? 75 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. Globe ST. _____ WARD _____ (IF NON-RESIDENT, GIVE CITY, OR TOWN AND STATE)

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 60

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Mining Engineer

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) Thought to be Virginia

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____

17. INFORMANT Gila General Hospital (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Globe Cemetery DATE 9/19/35 19. _____

19. EMBALMER (LICENSE NO. 181-A) SIGNATURE [Signature] FUNERAL DIRECTOR (LICENSE # 10-A) SIGNATURE [Signature] ADDRESS Globe Arizona

20. FILED Oct 7, 1935 REGISTRAR [Signature]

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 15th, 1935 TO Sept 17-35, 19____

I LAST SAW HIM ALIVE ON Sept 17, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:30 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

DATE OF ONSET 1935

Cardio-Renal complex

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Cardiac failure

NAME OF OPERATION None DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms 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? NO

IF SO, SPECIFY _____ (SIGNED) [Signature] M. D. (ADDRESS) Globe