

2148

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH Prescott STATE FILE NO. 91  
COUNTY Coconino STATE ARIZONA REGISTERED NO. 99  
TOWNSHIP Central OR VILLAGE \_\_\_\_\_  
CITY Central NO. \_\_\_\_\_ OR \_\_\_\_\_

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 27 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 0 YRS. 0 MOS. 0 DS.  
2. FULL NAME George R. Shurtz HOW LONG IN STATE WHEN DEATH OCCURRED 27 YRS. 0 MOS. 0 DS.  
(A) RESIDENCE: NO. Central (USUAL PLACE OF ABODE) WARD \_\_\_\_\_ 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) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma R. Shurtz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1887

7. AGE YEARS 78 MONTHS 4 DAYS 23 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

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

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

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) Utah

13. NAME George R. Shurtz

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

15. MAIDEN NAME Elizabeth Williams

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

17. INFORMANT (ADDRESS) Emma R. Shurtz

18. BURIAL, CREMATION, OR REMOVAL PLACE Central DATE Sept. 27, 1935

19. EMBALMER (LICENSE NO. \_\_\_\_\_) FUNERAL DIRECTOR (SIGNATURE \_\_\_\_\_) ADDRESS \_\_\_\_\_

20. FILED Oct 9, 1935 (SIGNED) J. H. Stratton (ADDRESS) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM No Do in attendance 19\_\_\_\_, 19\_\_\_\_ I LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4 a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: No M.D. in attendance. No disease 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? \_\_\_\_\_ 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) W. E. Platt M. D. (ADDRESS) Prescott

104-11-22-34-REP-GAZ PRINTERY FORM BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION