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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

STATE FILE NO. 21

1. PLACE OF DEATH

COUNTY Cochise STATE ARIZONA REGISTERED NO. 103

TOWNSHIP _____ OR VILLAGE _____ OR

CITY Fort Huachuca, NO. U.S.Army Station Hospital. 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 ____ YRS. ____ MOS. 3 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH ____ YRS. ____ MOS. ____ DS.

2. FULL NAME MILLER MARTIN KINARD HOW LONG IN STATE WHEN DEATH OCCURRED 17 YRS. 6 MOS. ____ DS.

(A) RESIDENCE: NO. 825 N. 3rd Avenue ST. _____ WARD. Tucson, Arizona

(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Mrs. Mattie Pearl Kinard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.
	45	7	27	

OCCUPATION

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. In Southern Arizona

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) November, 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Coleman, Texas

FATHER

13. NAME Jno Wesley Kinard.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) ? Ark.

MOTHER

15. MAIDEN NAME Miss Hattie Davis

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

17. INFORMANT Mrs. Mattie P. Kinard

(ADDRESS) 825 N.3rd Ave., Tucson, Ariz.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE Douglas, Ariz. DATE Nov. 19, 19 35

19. EMBALMER { LICENSE NO. 211-A
SIGNATURE _____

FUNERAL DIRECTOR Porter & Ames.

ADDRESS Douglas, Arizona.

20. FILED 11/22/, 19 35 R M Lemmon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 19 35

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov. 15, 19 35 TO November 19, 19 35

I LAST SAW HIM ALIVE ON Nov. 19, 19 35; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12.15 A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET
Ruptured spleen, with delayed hemorrhage, severe.	11/15/35

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

1. Fracture, 6th, 7th & 8th ribs, left, with penetration of pleura.	11/15/35
2. Contusion, severe, general, abdomen.	11/15/35

NAME OF OPERATION Exploratory laparotomy DATE OF 11/18/35

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE? Accident DATE OF INJURY 11/15/35

WHERE DID INJURY OCCUR? Near Elgin, Cochise Co. Ariz (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public place

MANNER OF INJURY Automobile accident

NATURE OF INJURY See above.

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY _____

(SIGNED) H.S. Villars, Major, M.C., M. D.

(ADDRESS) Fort Huachuca, Arizona

10M—11-22-34—REP-GAZ PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION