

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. 44 REGISTERED NO. 101

1. PLACE OF DEATH
COUNTY Pima STATE ARIZONA
TOWNSHIP Globet NO. 101 OF VILLAGE Globet OR CITY Globet (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) WARD 101

2. FULL NAME John Clement Preston HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS. 10 8 28
(A) RESIDENCE NO. Winkelman ST., _____ 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) Single

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

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 75 _____ 7 _____

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

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 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Hot Springs Ark

13. NAME Seaborn Jones Preston

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

15. MAIDEN NAME Harriet Jane Crosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) North Carolina

17. INFORMANT (ADDRESS) Mrs M E Wilborn

18. BURIAL, CREMATION, OR REMOVAL PLACE Winkelman DATE Nov-7, 1935

19. EMBALMER { LICENSE NO. 48 SIGNATURE J. H. Hutton FUNERAL DIRECTOR J. H. Hutton ADDRESS Winkelman

20. FILED Dec 18, 1935 Jeffrey Horn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1935

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____ TO _____

I LAST SAW HIM ALIVE ON Nov 5, 1935. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Left Basal Lobar Pneumonia

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY _____ (SIGNED) Henry D. Bayliss M. D. (ADDRESS) Winkelman