

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 STATE FILE NO. 46
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 90
TOWNSHIP Geoks CITY Gila 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. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Joseph L. Pyeatt WARD Parson Army
(A) RESIDENCE NO. _____ (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Pyeatt

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

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

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

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) Parson Army

13. NAME P. Laguear

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

15. MAIDEN NAME Ethel Frankler

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

17. INFORMANT Eddie Pyeatt (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Parson Army DATE Nov 11, 1935

19. EMBALMER LICENSE NO. 209 SIGNATURE Miles Mortuary FUNERAL DIRECTOR ADDRESS Globe, Ariz

20. FILED Nov. 12, 1935 REGISTRAR Jeffrey Thom

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov 4, 1935 TO Nov 8, 1935

23. LAST SAW HIM LIVE ON Nov 8, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ P. M.

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

DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: about 2 1/2 mos

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 _____, 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) _____ M. D. (ADDRESS) _____