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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. 111

1. PLACE OF DEATH

COUNTY Gila      STATE ARIZONA      REGISTERED NO. 112

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_

CITY Globe      NO. Gila County Hosp.      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 30 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.      HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Ben Palmer      HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. Arden Hotel      ST. \_\_\_\_\_ WARD \_\_\_\_\_

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 28, 1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov. 16, 1935, to Dec. 28, 1935</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				I LAST SAW <u>him</u> ALIVE ON <u>Dec. 28, 1935</u> , DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:30 P. M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24, 1873</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:      DATE OF ONSET	
7. AGE	YEARS <u>62</u>	MONTHS <u>—</u>	DAYS <u>4</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>				Chronic Myocarditis with Mitral Stenosis      about 1930	
	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) <u>Pennsylvania</u>						
FATHER	13. NAME <u>John Palmer</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>					
MOTHER	15. MAIDEN NAME <u>Miss Edgers</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>					
17. INFORMANT (ADDRESS) <u>Charles Palmer, Globe, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>Dec 29, 1935</u>						
19. EMBALMER (ADDRESS) <u>Datum H. Cole, 209, Globe, Arizona</u>						
20. FILED <u>Jan 3, 1936</u> <u>Jeffrey Moma</u> REGISTRAR						
					NAME OF OPERATION <u>none</u> DATE OF _____	
					WHAT TEST CONFIRMED DIAGNOSIS <u>Examination</u> WAS THERE AN AUTOPSY? <u>No</u>	
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? <u>No</u>						
IF SO, SPECIFY (SIGNED) <u>H. C. Harper</u> M. D. (ADDRESS) <u>Globe, Arizona</u>						