

4174

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
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA STATE FILE NO. 99
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 12
CITY Miami Globe Gila General Hospital OR _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) ST. _____ WARD _____
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Les Meredith HOW LONG IN STATE WHEN DEATH OCCURRED? 24 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Miami Arizona 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1885

7. AGE 50 YEARS MONTHS 8 DAYS 8 IF LESS THAN 1 DAY _____ HRS. OR _____ MIN.

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

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) 10-7-1936 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Memphis Tennessee

13. NAME John Calvin Meredith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Memphis Tennessee

15. MAIDEN NAME Katherine Cheweth

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

17. INFORMANT Geo. R. Meredith
(ADDRESS) 329 W. Coronado Phoenix Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Jan. 11, 1936

19. EMBALMER { LICENSE NO. 209-AV
SIGNATURE Dalton H. Cole
FUNERAL DIRECTOR Miles Mortuary
ADDRESS Miami Arizona

20. FILED Feb. 13, 1936 Geoffrey Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH _____ DAY, _____ MONTH, AND YEAR Jan. 8, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 8, 1936 TO Jan 8, 1936
I LAST SAW HIM ALIVE ON Jan 7, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
gun shot wound of right kidney and small bowel.

DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Shock
Hemorrhage

NAME OF OPERATION Laparotomy DATE OF Jan 7-36
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? yes

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? Miami Ariz. (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE On street

MANNER OF INJURY Shot by Officer
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____
(SIGNED) D. J. Kennedy M. D.
(ADDRESS) Globe Ariz.