4187

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. 105

1. PLACE OF DEATH
County Gila State ARIZONA Registered No.
Township or Village
City Winkelman No. St. Ward
(If death occurred in a 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 U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.
2. FULL NAME Fred Cornelius
(a) Residence: No. Winkelman Ariz. St., Ward. How long in State when death occurred? 45 yrs. ..... mos. ..... ds.
(Usual place of abode) (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) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of + Betty Campbell
6. DATE OF BIRTH (month, day, and year) Dec 18, 1889
7. AGE Years 36 Months 1 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelterman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Smelter
10. Date deceased last worked at this occupation (month and year) Apr 1933
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (state or country) Little Rock Ark.

FATHER
13. NAME William Cornelius
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Pauline Simpson
16. BIRTHPLACE (city or town) (State or country) Greenbelt Kentucky

17. INFORMANT (Address) Mrs P. L. Hutton Winkelman Ariz
18. BURIAL, CREMATION, OR REMOVAL
Place Winkelman Ariz Date Jan 26, 1936
19. UNDERTAKER (Address) P. L. Hutton Winkelman
20. Filed Jan 25th, 1936 P. L. Hutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19....; death is said to have occurred on the date stated above, at 12 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Poisoning (Cyanide)	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Jan 24, 1936
Where did injury occur? Winkelman 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 Taken for self destruction
Nature of injury Cyanide poisoning
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) Charles B. Huestis, M. D.
(Address) Hayden Ariz

10M—3-21-33 MS-50301—FORM 3

Back of Certificate to be used for any Additional Information