9197

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

115

STATE FILE NO.

1. PLACE OF DEATH

COUNTY Graham STATE ARIZONA REGISTERED NO. 14

TOWNSHIP Klondyke OR VILLAGE Klondyke. OR

CITY NO. 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 23 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. MOS. DS.

2. FULL NAME Williams J. Bleak. HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.

(A) RESIDENCE: NO. Klondyke, Arizona. ST. WARD.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

1886

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Divorded

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr II-1887

7. AGE: YEARS 48 MONTHS 8 DAYS 27 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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. Cattle Rancher

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

2. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Utah

13. NAME Joseph G. Bleak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Salt Lake City Utah

15. MAIDEN NAME Mary Augusta Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Rockville, Utah

INFORMANT Mrs G S Larsen

(ADDRESS) Pima Ariz Box 111

BURIAL, CREMATION, OR REMOVAL

PLACE Central DATE I-9- 1936

1 EMBALMER { LICENSE NO. 116a. SIGNATURE N. C. Rawson

FUNERAL DIRECTOR N. C. Rawson

ADDRESS Safford, Ariz

2 FILED Feb 9, 1936 N Whatton REGISTRAR

By O H Lopez

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-8th, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM January I, 1936, TO January 8th, 1936

I LAST SAW HIM ALIVE ON January 8 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 A. M.

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

Bronchial Pneumonia following chest and stomack injury attempted to escape an attack by a vision cow he jumped unpon a gate and bell striking his stomack and chest against the top of gate

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: Accident 12/19/35

ACCIDENT, SUICIDE, OR HOMOCIDE? DATE OF INJURY 1935

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

at home

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE at home own ranch

MANNER OF INJURY Chest & Abdominal

NATURE OF INJURY Fracture ribs liver contuse

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

IF SO, SPECIFY

(SIGNED) J. W. Butler M.D. M. D.

(ADDRESS) Safford, Arizona.

10M—11-22-34—REP-GAZ PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION