

9805

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.

**Dr. Harper** Arizona State Board of Health  
 STANDARD CERTIFICATE OF DEATH BUREAU OF VITAL STATISTICS STATE FILE NO. 87

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 18  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
 CITY Globe NO. Gila General Hospital 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 8 YRS. 7 MOS. 2 DS. HOW LONG IN U. S. OF FOREIGN BIRTH? 7 YRS. 6 MOS. 2 DS.  
 2. FULL NAME Geoffrey Marshall Morris HOW LONG IN STATE WHEN DEATH OCCURRED? 8 YRS. 6 MOS. 2 DS.  
 (A) RESIDENCE: NO. 130 S. Dextereux St. ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Marian Morris</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 22, 1900</b>		
7. AGE <b>35</b>	YEARS	MONTHS <b>4</b>
		DAYS <b>3</b>
		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <b>Medical Doctor</b>		
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) <b>2-16-36</b>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <b>Windsor Nova Scotia</b>		
13. NAME <b>Dr. G. H. Morris</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <b>Windsor Nova Scotia</b>		
15. MAIDEN NAME <b>Jean Smith</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <b>Windsor Nova Scotia</b>		
17. INFORMANT (ADDRESS) <b>Mrs. Marian Morris Globe, Arizona</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Phoenix, Arizona</b> DATE <b>Feb. 26, 1936</b>		
19. EMBALMER LICENSE NO. <b>718-A</b> SIGNATURE <i>[Signature]</i> FUNERAL DIRECTOR <b>110-10-A</b> SIGNATURE <i>[Signature]</i> ADDRESS <b>Globe, Arizona</b>		
20. FILED <b>Mar 3, 1936</b> <i>[Signature]</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 25, 1936**

22. HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM **Feb. 16, 1936** TO **Feb. 25, 1936**  
 I LAST SAW HIM ALIVE ON **Feb. 25, 1936** 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  
**Lobar pneumonia** **Feb. 16, 1936**

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: **about 1932**  
**Bronchiectasis**

NAME OF OPERATION **None** DATE OF \_\_\_\_\_  
 WHAT TEST **Examination** WAS THERE AN AUTOPSY? **no.**  
 CONFIRMED DIAGNOSIS

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 \_\_\_\_\_ M. D.  
 (SIGNED) **T. Harper**  
 (ADDRESS) **Globe, Arizona**

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION