2337

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. 4

1. PLACE OF DEATH

COUNTY Apache STATE ARIZONA REGISTERED NO.

TOWNSHIP

CITY St. Johns OR VILLAGE OR

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) NO. ST. WARD

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 Graham Lewis Cowley HOW LONG IN STATE WHERE DEATH OCCURRED? YRS. MOS. DS.

(A) RESIDENCE: NO. ST. WARD

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)
M.	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Martha D. Cowley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 1881

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
55			

OCCUPATION

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

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) Larkins Landing (STATE OR COUNTY) Alabama

FATHER

13. NAME David Henry Cowley

14. BIRTHPLACE (CITY OR TOWN) Larkins Landing (STATE OR COUNTY) Alabama

MOTHER

15. MAIDEN NAME ------Clack

16. BIRTHPLACE (CITY OR TOWN) Larkins Landing (STATE OR COUNTY) Alabama

17. INFORMANT Mrs. Martha D. Cowley (ADDRESS) St. Johns, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns, Ariz. DATE Mar. 6, 1936

19. EMBALMER { LICENSE NO. SIGNATURE

FUNERAL DIRECTOR

ADDRESS

20. FILED April 1, 1936 F. J. Boulding REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 19 36

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM , 19 , TO , 19

I LAST SAW HIM ALIVE immediately after death AND TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT M.

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

Strangulation by hanging (suicidal)

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Ill health for several years

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? 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 In barn near home

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY

(SIGNED) F. J. Boulding M. D.

(ADDRESS) St. Johns, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION