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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. 14

1. PLACE OF DEATH
 COUNTY Apache STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE _____
 CITY St. Johns, Arizona 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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Parley Reed Fulsipher HOW LONG IN STATE WHEN DEATH OCCURRED? 7 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Child</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar. 26, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>March 23, 1936</u> TO <u>March 26, 1936</u> I LAST SAW HIM ALIVE ON <u>March 26, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:45 A. M.</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 25-1918</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE		YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET
<u>17</u>						
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Child</u>				Influenza (1920)	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK MILL, SAW MILL, BANK, ETC.				Post-Influenzal I.B. since 1920	
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				Pneumonia Mar. 22, 1936	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Vernon, Arizona</u>				<u>Uremia March 22, 1936</u>		
FATHER	13. NAME <u>Daniel Fulsiper</u>				NAME OF OPERATION _____ DATE OF _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Draper, Utah</u>				WHAT TEST CONFIRMED DIAGNOSIS? <u>Symptoms</u> WAS THERE AN AUTOPSY? <u>No.</u>	
MOTHER	15. MAIDEN NAME <u>Elva Heap</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Crass Valley Utah</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
17. INFORMANT (ADDRESS) <u>Mrs. Elva Sorenson St. Johns, Arizona</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns, Ariz.</u> DATE <u>Mar. 27 1936</u>				MANNER OF INJURY _____		
19. EMBALMER } LICENSE NO. _____ FUNERAL DIRECTOR } SIGNATURE _____ ADDRESS _____				NATURE OF INJURY _____		
20. FILED <u>April 1, 1936</u> <u>J. P. Coulter</u> REGISTRAR				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>J. P. Coulter</u> M. D. (ADDRESS) <u>St. Johns, Arizona</u>		