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MARGIN RESERVED FOR PERMANENT RECORDS. PHYSICIANS SHOULD STATE EXACTLY. Exact statement of OCCUPATION is very important.

DR. Holt. STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 106
REGISTERED NO. 32

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA
 TOWNSHIP Globe OR VILLAGE _____ ST. _____ WARD _____
 CITY Globe NO. 670 N. High (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 40 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 40 YRS. 0 MOS. 0 DS.
 2. FULL NAME James Richards HOW LONG IN STATE WHEN DEATH OCCURRED? 40 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. 670 N. High (USUAL PLACE OF ABODE) ST. _____ WARD _____ (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 Mary E. Richards (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1866
 7. AGE YEARS 70 MONTHS 1 DAYS 15 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Old Dominion Co.
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
 12. BIRTHPLACE (CITY OR TOWN) Redruth (STATE OR COUNTY) Cornwall, England
 13. NAME James Richards
 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTY) _____
 15. MAIDEN NAME Grace Truacott
 16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTY) _____
 17. INFORMANT Mrs. Mary E. Richards (ADDRESS) Globe, Arizona
 18. BURIAL, CREMATION, OR REMOVAL PLACE Globe IOOF Cem. DATE Mar. 31 1936
 19. EMBALMER LICENSE NO. 10-A SIGNATURE Jed B. Jones
 FUNERAL DIRECTOR Jed B. Jones ADDRESS Globe, Arizona
 20. FILED Apr 3 1936 REGISTRAR

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1936
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM March 21, 1936 TO March 27, 1936
 I LAST SAW HIM ALIVE ON Mar. 27, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:00 P.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Influenza 3/21/36
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
None
 NAME OF OPERATION None DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No
 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) Jed B. Jones
 (ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION