

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.

MARGIN RESERVED FOR BINDING Kennedy

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. _____

1. PLACE OF DEATH Gila COUNTY Gila STATE ARIZONA REGISTERED NO. 37
TOWNSHIP _____ OF VILLAGES _____ OR _____
CITY Globe NO. Gila County Hosp ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN _____ DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Thomas O. Kern HOW LONG IN STATE WHEN DEATH OCCURRED, _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Globe, Ariz ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WID. OWED, OR DIVORCED. (WRITE THE WORD) <u>Divorced</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr 11, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Florence Anderson</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Apr 11, 1936</u> TO <u>Apr 11, 1936</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2 (?)</u>				I LAST SAW HIM ALIVE ON <u>Apr 11, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:20 P</u> M.	
7. AGE YEARS MONTHS DAYS		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET
<u>39</u>				<u>Diabetic Coma</u>	<u>Apr 10-36</u>
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Bartender</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			<u>Alcoholism</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Cardona Penn</u>					
FATHER	13. NAME <u>Patrick O. Kern</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Penn</u>					
MOTHER	15. MAIDEN NAME <u>Ester Williams</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Penn</u>					
17. INFORMANT (ADDRESS) <u>Robert Blough</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Penat</u> DATE <u>4/15, 1936</u>					
19. EMBALMER FUNERAL DIRECTOR		LICENSE NO. <u>209</u> SIGNATURE <u>Robert Cole</u>			
ADDRESS <u>Globe, Ariz</u>		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____			
20. FILED <u>Apr 23, 1936</u>		REGISTRAR		IF SO, SPECIFY (SIGNED) <u>R. J. Kennedy</u> M. D. (ADDRESS) <u>Globe Ariz</u>	