

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 39

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 40
TOWNSHIP Globe OR VILLAGE Gila General Hospital OR
CITY Globe (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) WARD

LENGTH OF RESIDENCE
IN CITY OR TOWN WHERE DEATH OCCURRED 25 YRS. 3 MOS. 3 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.
2. FULL NAME Frank Nicodemus HOW LONG IN STATE WHEN DEATH OCCURRED 25 YRS. 3 MOS. 3 DS.
(A) RESIDENCE: NO. Miami, Arizona 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, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 23 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nannie Nicodemus</u>			22. I HEREBY CERTIFY THAT I HAD EXAMINED THE DECEASED FROM <u>April 18</u> TO <u>April 22 36</u> I LAST SAW HIM/LIVE ON <u>April 22 36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9 P.</u> M.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28, 1889</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Apoplexy</u> DATE OF ONSET	
7. AGE YEARS <u>47</u> MONTHS <u>4</u> DAYS <u>6</u> IF LESS THAN 1 DAY, HRS. OR MIN.		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Unemployed</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Chronic Myocarditis</u>	
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) (STATE OR COUNTY) <u>Yashville Tenn.</u>					NAME OF OPERATION _____ DATE OF _____	
13. NAME <u>J. H. Nicodemus</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Penn.</u>			WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
15. MAIDEN NAME <u>Catherine Miller</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Indiana</u>			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)	
17. INFORMANT (ADDRESS) <u>Mrs. Ella Jones Miami, Arizona</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pinal Cemetery</u> DATE <u>Apr. 25, 1936</u>					MANNER OF INJURY _____ NATURE OF INJURY _____	
19. EMBALMER (ADDRESS) <u>Stanton H. Cook Miami, Arizona</u>		LICENSE NO. <u>209-A</u> SIGNATURE <u>Stanton H. Cook</u>			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>Alton H. Brown</u> M. D. (ADDRESS) _____	
20. FILED <u>May 7 1936</u> <u>B. G. [Signature]</u> REGISTRAR					BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION	