

671

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.

Dr. *W. D. Holt*

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. **79**

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 147
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe NO. Gila County Hospital 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 35 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Benjamin Payne HOW LONG IN STATE WHEN 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 Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single
-----------------------	------------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>72</u>	<u>?</u>	<u>?</u>	

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer-Soldier

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Retired

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) Scottsville Virginia

FATHER
 13. NAME Archibald Payne
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) Albert Johnson Globe, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE May 14, 1936 Burial

19. EMBALMER (ADDRESS) _____
 LICENSE NO. 18-A
 SIGNATURE *W. D. Holt*
 FUNERAL DIRECTOR (ADDRESS) Globe, Arizona
 LICENSE NO. 10-A
 SIGNATURE *W. D. Holt*

20. FILED May 20, 1936 G. S. Manning REGISTRAR (ADDRESS) Globe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 7th, 36, to May 9, 1936
 I LAST SAW HIM ALIVE ON May 9, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 A.M.

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

Influenza-Broncho-Pneumonia
May 1st '36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

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 _____

MANNER OF INJURY _____
 NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
 IF SO, SPECIFY (SIGNED) *W. D. Holt* M. D. (ADDRESS) Globe