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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.

R. D. Kennedy

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 80  
REGISTERED NO. 48

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. 269 Apache St. 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 36 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Selina Oldfield HOW LONG IN STATE WHEN DEATH OCCURRED? 36 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 269 Apache St. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 10, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Apr 1, 1936</u> TO <u>May 10, 1936</u> I LAST SAW HIM ALIVE ON <u>May 10, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:20 P.M.</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28, 1857</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Cerebral hemorrhage</u> DATE OF ONSET <u>May 9</u>	
7. AGE YEARS <u>78</u> MONTHS <u>10</u> DAYS <u>12</u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
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) <u>Oldham</u> (STATE OR COUNTY) <u>Lancashire, England.</u>					
13. NAME <u>William Bradbury</u>					
14. BIRTHPLACE (CITY OR TOWN) <u>England</u> (STATE OR COUNTY)					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) <u>England</u> (STATE OR COUNTY)					
17. INFORMANT <u>Sam Garside</u> (ADDRESS) <u>Globe, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL— <u>Burial</u> PLACE <u>Globe cemetery</u> DATE <u>May 13, 1936</u>					
19. EMBALMER LICENSE NO. <u>18-A</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>10-A</u> <u>[Signature]</u> ADDRESS <u>Globe, Arizona</u>					
20. FILED <u>May 15, 1936</u> <u>[Signature]</u> REGISTRAR					
				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? <u>no</u>					
IF SO, SPECIFY _____ (SIGNED) <u>R. D. Kennedy</u> M. D. (ADDRESS) <u>Globe Ariz</u>					