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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 83 REGISTERED NO. 46

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Miami OR _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____
IN CITY OR TOWN WHERE DEATH OCCURRED 28 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Engine Raymond Pollard HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 717 N. Liberty (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 (OR) WIFE OF Eda L. Pollard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>70</u>	<u>6</u>	<u>4</u>	

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

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) New York State

13. NAME Eugene F. Pollard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____

17. INFORMANT Miss Pollard (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. EMBALMER LICENSE NO. 172 SIGNATURE W. J. Culver
FUNERAL DIRECTOR Miles Mortuary
ADDRESS _____

20. FILED 6119-1936 W. J. Culver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 16, 1936 TO June 18, 1936
I LAST SAW HIM ALIVE ON June 18, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute dilatation of heart. Chronic myocarditis. DATE OF ONSET July 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Arteriosclerosis

NAME OF OPERATION none DATE OF no
WHAT TEST CONFIRMED DIAGNOSIS? none WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? no 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 none
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no
IF SO, SPECIFY _____ (SIGNED) W. J. Culver M. D. (ADDRESS) Miami Ariz

FORM 1-25-26—FORM 2—100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION