

9908

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** 79 ✓
 BUREAU OF VITAL STATISTICS STATE FILE NO. _____

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 61
 TOWNSHIP _____ OR VILLAGE _____ OR _____
 CITY miami NO. _____ 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 30 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 64 YRS. 0 MOS. 0 DS.
 2. FULL NAME Victor Raymond HOW LONG IN STATE WHEN DEATH OCCURRED 30 YRS. 0 MOS. 0 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>Divorced</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 29, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nanny J. Raymond</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>July 15, 1936</u> TO <u>July 19, 1936</u> LAST SAW <u>alive</u> ON <u>July 19, 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:30 P. M.</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 4, 1862</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Acute lobar pneumonia</u>	
7. AGE YEARS <u>82</u> MONTHS <u>4</u> DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.				DATE OF ONSET _____	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Wheel Wright</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 _____				NAME OF OPERATION _____ DATE OF _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Montreal Quebec Canada</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
13. NAME (whereabouts) <u>and</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>and</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
15. MAIDEN NAME <u>names</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u>				MANNER OF INJURY _____	
17. INFORMANT (ADDRESS) <u>Mr. Randolph Wolf Globe, Arizona</u>				NATURE OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>Aug 2, 1936</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
19. EMBALMER LICENSE NO. <u>123-A</u> SIGNATURE <u>V. B. Culver</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>miami arizona</u>				IF SO, SPECIFY _____ (SIGNED) <u>Anna J. Douglas</u> M. D. (ADDRESS) <u>W. H. ...</u>	
20. FILED <u>Aug 12, 1936</u> <u>C. M. ...</u> REGISTRAR				BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION	