

2461

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

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Pima STATE ARIZONA STATE FILE NO. 70
TOWNSHIP Hayden OR VILLAGE _____ REGISTERED NO. 7
CITY Hayden 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. YRS. _____ MOS. _____ DS. _____
2. FULL NAME Katie May McGowan HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ WARD _____
(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>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 22 1936</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 1906</u>			7. AGE	22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Aug 22 1936</u> TO <u>Aug 22 1936</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>None</u>			9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		I LAST SAW HIM LIVE ON <u>Aug 22 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7:30</u> A.M.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Atelectasis.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hayden, Ariz.</u>			13. NAME <u>Nathan McGowan Jr.</u>		DATE OF ONSET <u>8-22-36</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Berchittsville, Md.</u>			15. MAIDEN NAME <u>Katie Bird</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hayden, Ariz.</u>			17. INFORMANT (ADDRESS) <u>Nathan McGowan Jr., Hayden</u>		NAME OF OPERATION _____ DATE OF _____
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winkelman</u> DATE <u>Aug 22 1936</u>			19. EMBALMER (LICENSE NO. <u>48</u>) SIGNATURE <u>R. L. HUTTON</u>		WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
20. FILED <u>Aug 22 1936</u> <u>W. D. Nash</u> REGISTRAR			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____		IF SO, SPECIFY (SIGNED) <u>Charles Stewart</u> M. D. (ADDRESS) <u>Hayden</u>