

2479

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. 88
REGISTERED NO. 106

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Graham STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Pima OR _____

2. FULL NAME Baby Boy Welch
(A) RESIDENCE: NO. Pima, Arizona (USUAL PLACE OF ABODE)
WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/27/36
AGE YEARS 4 1/2 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____
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) Pima, Arizona

13. NAME Jessie V. Welch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Beaumont County, Texas
15. MAIDEN NAME Rosa Kerber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pima, Arizona

17. INFORMANT (ADDRESS) J. A. Miller
18. BURIAL, CREMATION OR REMOVAL PLACE Pima DATE 8/27/36

19. EMBALMER (LICENSE NO. _____) (SIGNATURE _____) FUNERAL DIRECTOR (ADDRESS _____)

20. FILED Sept 9, 1936 (REGISTERAR _____)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27/36
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 8-27-36, 1936, TO 8-27-36, 1936. I LAST SAW HIM ALIVE ON 8-27-36, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:20 am. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Premature 4 1/2 months
DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No
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? _____ IF SO, SPECIFY _____ (SIGNED) Lyle G. Underhill M. D. (ADDRESS) Pima, Arizona

10M-10-6-34-REP-CAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION