

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. 70

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 70  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Miami NO. \_\_\_\_\_ 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 10 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Jim Price HOW LONG IN STATE WHEN DEATH OCCURRED 12 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. 1009 Alderman ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (NON-RESIDENT GIVE CITY, TOWN AND STATE)

---

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Ellie Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5, 1892

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
44 | | |

OCCUPATION  
 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. mines  
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Hannville  
(STATE OR COUNTY) Texas

FATHER  
 13. NAME John Price  
 14. BIRTHPLACE (CITY OR TOWN) Texas  
(STATE OR COUNTY)

MOTHER  
 15. MAIDEN NAME Hattie Gains  
 16. BIRTHPLACE (CITY OR TOWN) Texas  
(STATE OR COUNTY)

17. INFORMANT (ADDRESS) Ellie Price  
1009 Alderman St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Sept-13-1936

19. EMBALMER LICENSE NO. 172-11 SIGNATURE W. B. Culver  
 FUNERAL DIRECTOR Miles Mortuary  
 ADDRESS \_\_\_\_\_

20. FILED Sept-18-1936 C. M. Brown REGISTRAR

---

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 12 - 1936 TO Sept 10 - 1936  
 I LAST SAW him ALIVE ON Sept 10, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute yellow atrophy of liver DATE OF ONSET 1936

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION none DATE OF \_\_\_\_\_  
 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? \_\_\_\_\_ 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 no  
 (SIGNED) Guil M. Larson, M. D.  
 (ADDRESS) Miami Arizona