

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. 87

1. PLACE OF DEATH
COUNTY Graham STATE ARIZONA REGISTERED NO. 111
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Pima 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. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Kenneth Fay Tombel HOW LONG IN STATE WHEN BIRTH OCCURRED? 1 YRS. 2 MOS. 23 DS.
(A) RESIDENCE: NO. Pima, Arizona 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, WID. O.WED, OR DIVORCED, (WRITE THE WORD) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19th 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY	HR.	OR	MIN.
	<u>1</u>	<u>2</u>	<u>23</u>				

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) Pima, Arizona (STATE OR COUNTY)

FATHER
13. NAME Fay Elmo Tombel
14. BIRTHPLACE (CITY OR TOWN) Central-Ariz (STATE OR COUNTY)

MOTHER
15. MAIDEN NAME Wanda Murgum
16. BIRTHPLACE (CITY OR TOWN) Subv City, T. M. (STATE OR COUNTY)

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Pima DATE 9/13 1936

19. EMBALMER } LICENSE NO. _____
FUNERAL DIRECTOR } SIGNATURE _____
ADDRESS _____

20. FILED Oct 9 1936 C. M. Shuller REGISTERAR (SIGNED) Lyle A. Pondell M. D. (ADDRESS) Pima, Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13th 1936
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept. 9th 1936 TO Sept 13th 1936, 19____
I LAST SAW HIM ALIVE ON Sept 12th, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5. a. m.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Diarrhea DATE OF ONSET 9/6/36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
General Inflammation

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 _____

100-1-28-36-FORM 3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION