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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. 107-
REGISTERED NO. 132

1. PLACE OF DEATH
COUNTY Graham STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Safford NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME William Bennett HOW LONG IN U. S. IF OF FOREIGN BIRTH 7 YRS. MOS. DS.
HOW LONG IN STATE WHEN DEATH OCCURRED 7 YRS. MOS. DS.
(A) RESIDENCE: NO. Safford, Ariz. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|--|----------------------------------|--|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hellie Bennett</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20-1865</u> | | | | |
| 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. <u>71</u> <u>2</u> <u>3</u> | | | | |
| 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u> | | | | |
| 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) <u>Arizona</u> | | | | |
| 13. NAME <u>Olson Bennett</u> | | | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u> | | | | |
| 15. MAIDEN NAME <u>Polly Wilson</u> | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u> | | | | |
| 17. INFORMANT <u>H. H. Bennett</u> (ADDRESS) <u>Safford</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Safford, Ariz.</u> DATE <u>Oct 27, 1936</u> | | | | |
| 19. EMBALMER LICENSE NO. _____ SIGNATURE <u>W. C. Rawson</u> FUNERAL DIRECTOR ADDRESS <u>Safford</u> | | | | |
| 20. FILED <u>Nov 4, 1936</u> REGISTRAR (ADDRESS) <u>Safford</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dead on arrival
I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:30 M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Cerebral hemorrhage due to hypertension
DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

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) F. W. Butler M. D.
(ADDRESS) Safford

10M-11-22-34-REP-GAZ PRINTED BY FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION