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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS STATE FILE NO. _____

1. PLACE OF DEATH
 COUNTY Greenlee STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP Duncan OR VILLAGE _____ OR _____
 CITY _____ 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 7 YRS. 0 MOS. 0 DS. HOW LONG IN STATE, E. IF OF FOREIGN BIRTH 7 YRS. 0 MOS. 0 DS.
 2. FULL NAME James H. Rowden HOW LONG IN STATE WHEN DEATH OCCURRED 7 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. _____ ST. _____ W.D. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 27 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Nora M. Rowden</u> WIFE OF _____					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Sept 20, 1926</u> TO <u>Oct 26, 1936</u> I LAST SAW HIM ALIVE ON <u>Oct 26, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:30</u> A.M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23, 1871</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Carcinoma of middle ear</u> DATE OF ONSET <u>1926</u>	
7. AGE YEARS <u>65</u> MONTHS <u>3</u> DAYS <u>6</u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>					NAME OF OPERATION <u>none</u> DATE OF _____	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Gen. farming</u>					WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> WAS THERE AN AUTOPSY? <u>no</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Aug 1935</u>					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>no</u> DATE OF INJURY _____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>all life</u>					MANNER OF INJURY _____ NATURE OF INJURY _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Kansas</u>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____	
13. NAME <u>Wm Rowden</u>					(SIGNED) <u>Carl Raulhagen</u> M. D. (ADDRESS) <u>Clifton, Ariz.</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____					BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION	
15. MAIDEN NAME _____						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____						
17. INFORMANT <u>Marvin Rowden</u> (ADDRESS) _____						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheldon cemetery</u> <u>Oct 29</u> 19 <u>36</u>						
19. EMBALMER } LICENSE NO. _____ FUNERAL DIRECTOR } SIGNATURE <u>Harold Wilton</u> ADDRESS <u>Rt. 2, Box 82, Duncan</u>						
20. FILED <u>Nov 27</u> 19 <u>36</u> <u>Eugene Ramsey</u> REGISTRAR						