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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.

Harper.
STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA STATE FILE NO. 85
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 98
CITY Globe OR E. Cottonwood

2. FULL NAME Hinson Thomas
(A) RESIDENCE: NO. E. Cottonwood (USUAL PLACE OF ABODE) 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 41 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED 50 YRS. _____ MOS. _____ DS.
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Ynez Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1854

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
82 11 6

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Police Judge
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Globe city police court.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 1926 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mobile, Alabama

13. NAME Charles Louis Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Boston, Mass.

15. MAIDEN NAME Emmeline G. Warren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Boston, Mass.

17. INFORMANT Mrs. Ida M. O'Neil
(ADDRESS) Globe, Arizona

18. BURIAL PLACE Globe Elks Cem. Burial
Dec. 15, 1936

19. EMBALMER { LICENSE NO. 18-A
FUNERAL DIRECTOR 10-A SIGNATURE J. H. Jones
ADDRESS Globe, Arizona

20. FILED Dec 22, 1936 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Dec. 12, 1936 TO Dec. 14, 1936
I LAST SAW HIM LIVE ON Dec. 14, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:45 P.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Influenza DATE OF ONSET Dec. 12/1936

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chronic myocarditis - about 1925
Chronic nephritis -
Arterio-sclerosis

NAME OF OPERATION none DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS Examination 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? no
IF SO, SPECIFY _____
(SIGNED) T. C. Harper M. D.
(ADDRESS) Globe, Ariz.