

2273

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** # *One*

BUREAU OF VITAL STATISTICS STATE FILE NO. **26**

1. PLACE OF DEATH
 COUNTY Cochise STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP St. Louis OR VILLAGE _____
 CITY _____ NO. _____ ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 IN CITY OR TOWN WHERE DEATH OCCURRED 57 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME John Smith Merrill Sr. HOW LONG IN STATE WHEN DEATH OCCURRED? 57 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. St. Louis ST. _____ WARD _____
 (USUAL PLACE OF ABODE) (NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>Cauc.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 1, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Esther Ann Eldridge</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>never saw patient</u> , 19____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 5, 1853</u>				I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:40 P.</u> M.	
7. AGE		YEARS <u>83</u>	MONTHS <u>9</u>	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
		DAYS <u>27</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	<u>Cerebral Hemorrhage</u> DATE OF ONSET <u>Dec 31, 36</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Politician Farmer</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Old Age with Arterio-sclerosis.</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Own Farm</u>				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1936</u> 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>Life</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Salt Lake City Utah</u>					
FATHER	13. NAME <u>Philemon Christopher Merrill</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Genoa New York</u>					
MOTHER	15. MAIDEN NAME <u>Mary Jane Smith</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Smithfield Ill.</u>					
17. INFORMANT <u>Family Records</u> (ADDRESS) <u>St. Louis</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>Jan 3, 1937</u>					
19. EMBALMER } LICENSE NO. _____ FUNERAL DIRECTOR } SIGNATURE _____ ADDRESS _____			NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? <u>History</u> WAS THERE AN AUTOPSY? <u>No.</u>		
20. FILED <u>Feb 8th, 1936</u> <u>A. J. [Signature]</u> REGISTRAR					
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) <u>Dr. Moffitt</u> M. D. (ADDRESS) <u>Bellevue Army</u>					

10M-1-25-36—FORM 3—100% RAG BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION