

2342

Dr. Kennedy.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 94

1. PLACE OF DEATH

COUNTY Gila

STATE ARIZONA

REGISTERED NO. 2

TOWNSHIP

OR VILLAGE

CITY Globe

NO. Gila County Hospital

OR 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. OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME William Rice

HOW LONG IN STATE WHEN DEATH OCCURRED? ? YRS. ? MOS. ? DS.

(A) RESIDENCE: NO. ?

(USUAL PLACE OF ABODE)

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, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1868

7. AGE

YEARS 68

MONTHS ?

DAYS ?

IF LESS THAN 1 DAY, HRS. OR MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

Unknown

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)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Unknown

17. INFORMANT Mr. George Evans (ADDRESS) Co. Hospital, Globe, Arizona

18. BURIAL PLACE Globe Cemetery DATE Jan. 6, 1937

19. EMBALMER

LICENSE NO. 18-A

SIGNATURE

FUNERAL DIRECTOR

10-A

ADDRESS

Globe, Arizona

20. FILED

Jan 11, 1937

L. F. Manning

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 1, 1937, to Jan 3, 1937

LAST SAW HIM ALIVE ON Jan 3, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Myelitis of Cord. Jan-36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Neuritis

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? no

IF SO, SPECIFY

(SIGNED) R. D. Kennedy

(ADDRESS) Globe, Ariz.

M. D.

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.

2-11