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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. **116**

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 9
TOWNSHIP Miami OR VILLAGE _____
CITY _____ NO. 138 Gene Oak ST. _____ OR _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Wicktor E. Papunen HOW LONG IN U. S. IF OF FOREIGN BIRTH? 33 YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 138 Gene Oak ST. _____ WARD _____
(USUAL PLACE OF ABODE) (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, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 27, 1937</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kattie Papunen</u>					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>June 1936</u> , 19____, TO <u>1-27-37</u> , 19____.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-13-1883</u>					I LAST SAW HIM ALIVE ON <u>1-27-37</u> , 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:15 P.</u> M.		
7. AGE		YEARS <u>53</u>	MONTHS <u>10</u>	DAYS <u>14</u>	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Carpenter</u>				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		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Manu Copper Co</u>						
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SERVED IN THIS OCCUPATION		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ukonoor Finland</u>							
FATHER	13. NAME <u>John Papunen</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ukonoor Finland</u>							
MOTHER	15. MAIDEN NAME <u>Ukonoor</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ukonoor Finland</u>							
17. INFORMANT (ADDRESS) <u>Mrs Kattie Papunen 138 Gene Oak</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral</u> DATE <u>1-31, 1937</u>							
19. EMBALMER		LICENSE NO. <u>2275</u>					
FUNERAL DIRECTOR		SIGNATURE <u>[Signature]</u>					
ADDRESS <u>Miami Arizona</u>							
20. FILED <u>Feb 8, 1937</u> <u>C. M. Cron</u> REGISTRAR							
					NAME OF OPERATION _____ DATE OF _____		
					WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>		
					MANNER OF INJURY _____		
					NATURE OF INJURY _____		
					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____		
					IF SO, SPECIFY (SIGNED) <u>L. E. Hannis</u> M. D. (ADDRESS) <u>Miami Ariz</u>		

FORM 1-25-36—FORM 2—100% RAG Jan 31 1937

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION