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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. 2-514

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

2. FULL NAME Jessie P Bland HOW LONG IN U. S. IF OF FOREIGN BIRTH? 10 YRS. 8 MOS. 2 DS.
 HOW LONG IN STATE WHEN DEATH OCCURRED 36 YRS. 10 MOS. 8 DS.
 (A) RESIDENCE: NO. Sandy Arizona 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>Female</u>	4. COLOR OR RACE <u>Cauc</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Wid.</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-7</u> 19 <u>37</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeff Bland</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>11-15</u> 19 <u>36</u> TO <u>1-7</u> 19 <u>37</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 1863</u>				I LAST SAW HIM ALIVE ON <u>1-6</u> 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2 a</u> M.		
7. AGE YEARS MONTHS DAYS <u>73</u> <u>I</u> <u>I</u>		IF LESS THAN 1 DAY, HRS. OR MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Lobar Pneumonia</u> <u>(Pneumonia for about 2 days)</u>		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Mine Owner</u>				DATE OF ONSET		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BARK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Had a leg ulcer</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>30</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u>						
13. NAME <u>Alonzo J. Pope</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ind.</u>						
15. MAIDEN NAME <u>Hannah Pinkerton</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u>						
17. INFORMANT (ADDRESS) <u>Hospital Recorn</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kingman</u> DATE <u>Jan 13, 1937</u>						
19. EMBALMER } LICENSE NO. <u>139</u> FUNERAL DIRECTOR } SIGNATURE <u>Ray E. Carter</u> <u>Van Marter Mortuary</u> ADDRESS <u>Kingman, Arizona</u>						
20. FILED <u>Jan 8 1937</u> <u>Walter Pope</u> REGISTRAR						
				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? _____						
IF SO, SPECIFY (SIGNED) <u>Walter Pope</u> M. D. (ADDRESS) <u>Kingman, Ariz.</u>						