

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

1. PLACE OF DEATH      STATE FILE NO. 1017  
 COUNTY Yuma      STATE ARIZONA      REGISTERED NO. 17  
 TOWNSHIP Miami      OR VILLAGE \_\_\_\_\_  
 CITY \_\_\_\_\_ NO. 89 Red Spring Canyon 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    YRS. 2    MOS. \_\_\_\_\_    DS. \_\_\_\_\_  
 2. FULL NAME Simon C. Matthews      HOW LONG IN U. S. OF FOREIGN BIRTH?    YRS. \_\_\_\_\_    MOS. \_\_\_\_\_    DS. \_\_\_\_\_  
 HOW LONG IN STATE WHEN DEATH OCCURRED    YRS. \_\_\_\_\_    MOS. \_\_\_\_\_    DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. 89 Red Spring Canyon 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>Feb 5, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Faith Matthews</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1-2-37</u> , 19 <u>37</u> , TO <u>2-4-37</u> , 19 <u>37</u> . I LAST SAW HIM ALIVE ON <u>2-4</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>12:00 P.</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1870</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:      DATE OF ONSET	
7. AGE      YEARS      MONTHS      DAYS		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		<u>Thrombo-angiitis obliterans</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Ray near lower 1/3 of Right leg</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) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		NAME OF OPERATION _____ DATE OF _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Sanagustin, N. Mex.</u>					
FATHER	13. NAME <u>Frank Matthews</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>Frank Matthews, 89 Red Spring Canyon</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bay Vista</u> DATE <u>2-6</u> , 19 <u>37</u>					
19. EMBALMER (ADDRESS) _____      LICENSE NO. <u>237</u> SIGNATURE <u>W. H. Scott</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Arizona</u>					
20. FILED <u>2-5-1937</u> <u>J. C. Hanner</u> REGISTRAR					