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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

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA STATE FILE NO. 108  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 12  
 CITY Globe NO. N. Broad St. OR \_\_\_\_\_  
 LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_ YRS. 2 MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 2. FULL NAME Chester Raymond Pinske Jr. HOW LONG IN U.S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. N. Broad St. HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. 2 MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (USUAL PLACE OF ABODE) \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY, TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1936  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
3 2  
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Infant  
 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) Deadwood, South Dakota.  
 13. NAME Chester R. Pinske  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Roubaix, South Dakota  
 15. MAIDEN NAME Maxine Canfield  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Wyoming.  
 17. INFORMANT (ADDRESS) Mr. Chester R. Pinske, N. Broad St., Globe, Arizona  
 18. BURIAL PLACE Globe Cemetery DATE Feb. 5, 1937  
 19. EMBALMER LICENSE NO. 18-A-708 SIGNATURE [Signature]  
 FUNERAL DIRECTOR 10-A-12420 J. J. [Signature]  
 ADDRESS Globe, Arizona  
 20. FILED Feb. 8, 1937 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1937  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 4 - 1937, 1937 TO \_\_\_\_\_, 19\_\_\_\_  
 I LAST SAW HIM ALIVE ON Feb 4, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:30 A.M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Bacterial pneumonia DATE OF ONSET \_\_\_\_\_  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_  
 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) [Signature] M. D. \_\_\_\_\_  
 (ADDRESS) [Signature]