

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. 1123

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 18
TOWNSHIP _____ OR VILLAGE _____
CITY Globe, NO. Gila County Hospital OR _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN CITY OR TOWN WHERE DEATH OCCURRED) YRS. 30 MOS. _____ DS. _____
2. FULL NAME Julia Radich HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 562 Blake St. Globe, Ariz. HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
ST. _____ WARD _____ (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>Polish</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Married</u> | | | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb, 12, 1937</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Radich</u> | | | | | 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb. 8, 1937</u> TO <u>Feb. 12, 1937</u> I LAST SAW <u>her</u> ALIVE ON <u>Feb. 12, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4 p. m.</u> | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u> | | | | | THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Peritonitis from ruptured Ovarian abscess</u> <u>Feb. 8, 1937</u> | |
| 7. AGE | | YEARS <u>53</u> | MONTHS | DAYS | IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. | DATE OF ONSET |
| OCCUPATION | 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u> | | | | | OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>None</u> |
| | 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) <u>Poland</u> | | | | | | |
| FATHER | 13. NAME <u>Andrew J. Danra</u> | | | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Poland</u> | | | | | |
| MOTHER | 15. MAIDEN NAME <u>Margeret Vnrkovska</u> | | | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Poland</u> | | | | | |
| 17. INFORMANT <u>John Radich</u> (ADDRESS) <u>Globe, Arizona</u> | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Globe</u> DATE <u>Feb. 14, 1937</u> | | | | | | |
| 19. EMBALMER | LICENSE NO. <u>224-4</u> | | | | | |
| | SIGNATURE <u>[Signature]</u> | | | | | |
| FUNERAL DIRECTOR <u>Walter Montgomery 68-A</u> ADDRESS <u>[Address]</u> | | | | | | |
| 20. FILED <u>March 3, 1937</u> <u>[Signature]</u> REGISTRAR | | | | | | |
| | | | | | 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 _____ | |
| | | | | | 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____ (SIGNED) <u>T. C. Harper</u> _____, M. D. (ADDRESS) <u>Globe, Ariz.</u> | |