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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      STATE FILE NO. 100

COUNTY Graham      STATE ARIZONA      REGISTERED NO. 28

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_

CITY Glenmar      NO. \_\_\_\_\_ 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.      MOS.      DS.      HOW LONG IN U. S. IF OF FOREIGN BIRTH      YRS.      MOS.      DS.

2. FULL NAME James C. Kennedy      HOW LONG IN STATE WHEN DEATH OCCURRED      YRS.      MOS.      DS.

(A) RESIDENCE: No. Paradise      ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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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>single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-11, 1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1-31, 1937</u> TO <u>2-11, 1937</u> I LAST SAW HIM ALIVE ON <u>2-11, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2</u> <u>A.M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia, Bifurcated</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26, 36</u>						OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Influenza</u>
7. AGE		YEARS	MONTHS	DAYS	NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
		<u>1</u>	<u>12</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____				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. _____					
FATHER	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				MANNER OF INJURY _____ NATURE OF INJURY _____	
	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____					
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Safford Ariz</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY (SIGNED) <u>J. W. Morris</u> M. D. (ADDRESS) <u>5 Safford</u>	
	13. NAME <u>James C. Kennedy</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ariz.</u>				20. FILED <u>Feb 12, 1937</u> <u>J. W. Morris</u> REGISTRAR		
15. MAIDEN NAME <u>Irma Hancock</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ariz.</u>				17. INFORMANT (ADDRESS) <u>W. H. Carter</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paradise</u> DATE <u>Oct 12, 1937</u>						
19. EMBALMER { LICENSE NO. _____ SIGNATURE _____ } FUNERAL DIRECTOR ADDRESS _____				18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____		
20. FILED _____ 19____ _____ REGISTRAR						