

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. 151

1. PLACE OF DEATH
 COUNTY Pima STATE ARIZONA REGISTERED NO. 34
 TOWNSHIP Safford OR VILLAGE _____
 CITY Safford NO. _____ OR _____ WARD _____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 5 MOS. 2 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____
 2. FULL NAME Virginia A. Burdick HOW LONG IN STATE WHEN DEATH OCCURRED YRS. 5 MOS. 2 DS. _____
 (A) RESIDENCE: Safford, Ariz. ST. _____ WARD _____ (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>single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 27, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb 3, 1937</u> TO <u>Feb 27, 1937</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1893</u>					I LAST SAW HIM ALIVE ON <u>Feb 21, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:20 P.M.</u>	
7. AGE		YEARS <u>9</u>	MONTHS <u>7</u>	DAYS <u>2</u>	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			DATE OF ONSET _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>None</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Safford, Ariz.</u>					NAME OF OPERATION _____ DATE OF _____	
13. NAME <u>William D. Burdick</u>					WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Thatcher, Ariz.</u>					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____	
15. MAIDEN NAME <u>Theresa Alfred</u>					WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Old Mexico</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
17. INFORMANT (ADDRESS) <u>Wm. Alfred Safford</u>					MANNER OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Safford, Ariz.</u> DATE <u>Feb 28, 1937</u>					NATURE OF INJURY _____	
19. EMBALMER (ADDRESS) _____					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
FUNERAL DIRECTOR <u>H. C. Rawson</u>					IF SO, SPECIFY _____ (SIGNED) <u>F. W. Diller</u> M. D.	
20. FILE <u>1937</u>					(ADDRESS) <u>Safford, Ariz.</u>	

10M-11-22-34-REF. GAZ. PRINTERY—FORM 6

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION