

313

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** 298

BUREAU OF VITAL STATISTICS STATE FILE NO. _____

1. PLACE OF DEATH Mericopa COUNTY ARIZONA STATE REGISTERED NO. 29

TOWNSHIP _____ OR VILLAGE _____ CITY Mesa NO. _____ OR _____ WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Benjamin Julius Johnson HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. 236 E. 1st Ave ST. _____ WARD _____ (IF NON-RESIDENT OF THE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Harried Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1857

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

79 9 _____ _____

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. At Home

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) Santaquin (STATE OR COUNTY) Utah

FATHER 13. NAME B. F. Johnson

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTY)

MOTHER 15. MAIDEN NAME Sarah Holman

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTY)

17. INFORMANT Mrs. Jane Johnson (ADDRESS) Mesa, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mesa, Ariz. DATE 3/13/37 19. EMBALMER { LICENSE NO. 178a SIGNATURE Jess Meldrum }
FUNERAL DIRECTOR Meldrum Mortuary ADDRESS Mesa, Arizona

20. FILED 3/16/37 19 _____ REGISTERAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/37 19 _____

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 10-21- 1937 TO 2-10- 1937

I LAST SAW HIM ALIVE ON 2-10- 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3.15a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Chr. Myocarditis DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? no

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? no

IF SO, SPECIFY _____ (SIGNED) J. Fisher M. D. _____ (ADDRESS) _____