

904

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. 82

1. PLACE OF DEATH  
COUNTY Gila STATE Ariz ARIZONA REGISTERED NO. 72  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe OR \_\_\_\_\_ NO. Queen Co Hoop ST. \_\_\_\_\_ 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.  
IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_  
2. FULL NAME Norman McDonald HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. Winkelman Ariz WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN. 54

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Mining Engineer  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Copper mines  
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 2 yrs ago 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION. 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

FATHER 13. NAME Norman McDonald  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

17. INFORMANT Selma Cousy Hospital  
(ADDRESS) Globe Ariz

18. BURIAL, CREMATION, OR REMOVAL PLACE Winkelman DATE 3/3/37

19. EMBALMER } LICENSE NO. 227-A  
FUNERAL DIRECTOR } SIGNATURE [Signature]  
Miles Mortuary Co  
ADDRESS Winkelman Ariz

20. FILED Mar 7 1937 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1937  
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 1, 1937 TO March 3, 1937  
I LAST SAW HIM ALIVE ON March 3, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 A M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Chronic Pulmonary Tuberculosis DATE OF ONSET 4 yrs ago  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: 20

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? marriage 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) R. D. Kennedy M. D. (ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION