

912

Dr Holt

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. **90**

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 29
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. Corner, Kline & Sutherland Sts. OR _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
IN CITY OR TOWN WHERE DEATH OCCURRED 25 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 29 YRS. _____ MOS. _____ DS.
2. FULL NAME Samuel James Piper HOW LONG IN STATE WHEN DEATH OCCURRED 29 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Cor., Kline & Sutherland WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>47</u>	<u>5</u>	<u>9</u>	

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Alamo Mining Co.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 1931 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Hayle, Cornwall, England

13. NAME Wm. John Piper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) England

15. MAIDEN NAME Mary Elizabeth Luke

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

17. INFORMANT Frank Piper (ADDRESS) Globe, Arizona

18. BURIAL PLACE Globe Cemetery DATE Mar. 16, 1937

19. EMBALMER LICENSE NO. 18-A SIGNATURE [Signature]
FUNERAL DIRECTOR 10-A SIGNATURE [Signature]
ADDRESS Globe, Arizona

20. FILED Mar 27, 1937 REGISTRAR [Signature] (ADDRESS) Globe, Ariz.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 1st 1896 TO March 13th 1937
I LAST SAW HIM ALIVE ON Mar 12th 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 AM.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

<u>Pulmonary tuberculosis</u>	<u>1930</u>
<u>Silicosis</u>	<u>?</u>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION None DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS Symptoms WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY _____
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? Yes
IF SO, SPECIFY Silicosis due to mining

(SIGNED) [Signature] M. D. (ADDRESS) Globe, Ariz.