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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 STATE FILE NO. 109

1. PLACE OF DEATH COUNTY Graham STATE ARIZONA REGISTERED NO. 39

TOWNSHIP Safford OR VILLAGE Solomonville OR CITY Safford 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 18 YRS. MOS. _____ DS. _____

2. FULL NAME George C. Felshaw HOW LONG IN U. S. IF OF FOREIGN BIRTH 59 YRS. MOS. _____ DS. _____

(A) RESIDENCE: NO. Safford, Ariz ST. _____ WARD _____

(IF NON-RESIDENT GIVE CITY OF BIRTH 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 Mary Felshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1876

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

61 3 27

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK 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) (STATE OR COUNTY) Panguitch Utah

13. NAME John Felshaw

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

15. MAIDEN NAME Francis Crast

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

17. INFORMANT Mary Felshaw (ADDRESS) Safford

18. BURIAL, CREMATION, OR REMOVAL PLACE Safford, Ariz DATE Mar 10, 1937

19. EMBALMER } LICENSE NO. _____
FUNERAL DIRECTOR } SIGNATURE W. C. Dawson
ADDRESS Safford, Ariz

20. FILED April 9, 1937 REGISTRAR J. H. Strickland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1937

I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Mar 6, 1937 TO Mar 8, 1937

I LAST SAW HIM/LIVE ON 3/6, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:30 P.M.

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

Pulmonary Infarction

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Coronary stenosis & chronic myocardial infarction

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? By autopsy WAS THERE AN AUTOPSY? yes

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? _____

IF SO, SPECIFY (SIGNED) J. H. Strickland M. D. (ADDRESS) Safford, Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION