

1456

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA STATE FILE NO. 612
 TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 68
 CITY Yuma NO. _____ OR _____ ST. _____ 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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Thomas Henry Davis HOW LONG IN STATE WHEN DEATH OCCURRED? 35 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. _____ ST. _____ 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>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____ <u>1871</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>about</u>	<u>66</u>		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
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) _____			<u>Miner</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Smitfield</u> (STATE OR COUNTY) <u>Texas</u>			
13. NAME <u>Joseph McKee Davis</u>			
14. BIRTHPLACE (CITY OR TOWN) <u>Agusta</u> (STATE OR COUNTY) <u>Maine</u>			
15. MAIDEN NAME <u>Mary Oliver</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTY)			
17. INFORMANT <u>George I. Davis</u> (ADDRESS) <u>Ranger, Texas</u>			
18. BURIAL, CEMETERY OR REMOVED <u>Yuma Cemetery</u> DATE <u>3/19, 1937</u>			
19. EMBALMER'S LICENSE NO. _____ SIGNATURE _____		FUNERAL DIRECTOR'S ADDRESS _____	
20. FILED <u>March 17, 1937</u> BY <u>Mary A. Wupperman</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14, 1937
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 22 Mar. 6 1937 TO Mar. 14, 1937
 I LAST SAW HIM LIVE ON Mar. 14, 1937. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:10 P. M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET
Myocarditis—a very much dilated heart and very irregular.
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Severe Asthma 14 days
 NAME OF OPERATION none DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ 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 _____, 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 None
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no.
 IF SO, SPECIFY _____ (SIGNED) Harry A. Reese M. D.
 (ADDRESS) Yuma, Ariz.

10M-1-25-36—FORM 2—100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION