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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 **89**

1. PLACE OF DEATH
 County Sila State ARIZONA State File No. _____
 Township _____ or Village _____ Registered No. _____
 City Winkelman No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME in _____ of street and number)

2. FULL NAME Arthur Munger Jr. How long in U. S. _____ yrs. _____ mos. _____ ds.
 (a) Residence No. Christmas How long in State when death occurred? 2 yrs. 7 mos. 2 ds.
 (Usual place of abode) Ward _____ If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word)		21. DATE OF DEATH (month, day, and year) <u>April 14, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>April 12, 1935</u>		I HEREBY CERTIFY, That I attended deceased from _____ to _____, 1937	
7. AGE	Years <u>2</u>	Months <u>7</u>	Days <u>2</u>	I last saw him alive on <u>April 14, 1937</u> ; death is said to have occurred on the date stated above, at <u>6:00 p.m.</u>	
8. Trade, profession, or particular kind of work done, as epianer, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		The principal cause of death and related causes of importance were as follows: <u>Broncho Pneumonia</u> Date of Onset <u>4-12-37</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Secondary to <u>Whooping Cough</u>	
12. BIRTHPLACE (city or town, state or country) <u>Highway, Ariz.</u>		13. NAME <u>Arthur Munger Jr.</u>		Date of operation _____	
14. BIRTHPLACE (city or town, State or country) <u>Maricopa, Ariz.</u>		15. MAIDEN NAME <u>Mary Louise Reed</u>		Was there an autopsy? <input checked="" type="checkbox"/>	
16. BIRTHPLACE (city or town, State or country) <u>Campana, Ariz.</u>		17. INFORMANT (Address) <u>Christmas</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> 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.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winkelman</u> Date <u>April 15, 1937</u>		19. UNDERTAKER (Address) <u>Winkelman</u>		Manner of injury _____ Nature of injury _____	
20. Filed <u>April 15, 1937</u> Registrar <u>P. Hutton</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		If so, specify _____ M. D. (Signed) <u>Charles H. Sparks</u> (Address) <u>Winkelman Ariz</u>	