

1573

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**

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. 98
 Township _____ or Village _____ Registered No. _____
 City Hayden No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 3 yrs. 20 mos. 20 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Protis How long in State when death occurred? 46 yrs. 18 mos. 6 ds.
 (a) Residence: No. _____ Hayden, Arizona St. _____ Ward _____ (If not 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, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>April 20, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Lena Protis</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 17, 1937</u> to <u>Apr 20, 1937</u> I last saw him live on <u>Apr 20, 1937</u> , death is said to have occurred on the date stated above, at <u>6:05 p.m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>5-23-1892</u>				The principal cause of death and related causes of importance were as follows: <u>Carcinoma of liver</u>	
7. AGE				Date of Onset	
Years <u>45</u>	Months <u>10</u>	Days <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bakery</u>					
10. Date deceased last worked at this occupation (month and year) <u>3-1-37</u>		11. Total time (years) spent in this occupation <u>25</u>		Other contributory causes of importance:	
12. BIRTHPLACE (city or town) (state or country) <u>St Louis, Mo</u>					
13. NAME <u>Joseph Protis</u>					
14. BIRTHPLACE (city or town) (State or country) _____					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT <u>Mrs Lena Protis</u> (Address) <u>HAYDEN, ARIZONA</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winkelman</u> Date <u>April 23, 1937</u>					
19. UNDERTAKER <u>P. J. Hurlston</u> (Address) <u>Winkelman</u>					
20. Filed <u>4/23/1937</u> <u>8512</u> Registrar					
				Name of operation _____ Date of _____	
				What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? _____	
23. If death was due to external cause (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? <u>No</u>					
If so, specify _____ (Signed) <u>Charles B. Hurlston</u> M. D. (Address) <u>Hayden Ariz</u>					