

2212

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. 106

1. PLACE OF DEATH
COUNTY Miami STATE ARIZONA REGISTERED NO. 58
TOWNSHIP _____ OR VILLAGE _____
CITY Yula NO. 1207 Turner ST. _____ 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 4 YRS. 11 MOS. 14 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. MOS. DS.
2. FULL NAME George K. Guide NO. 1207 Turner IN STATE WHEN DEATH OCCURRED 14 YRS. 11 MOS. 14 DS.
(A) RESIDENCE: NO. 1207 Turner ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1907

7. AGE YEARS 29 MONTHS 10 DAYS 14 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. None

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) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Carroll W. Virginia

13. NAME Sylvester County

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pullman W. Virginia

15. MAIDEN NAME Mabel Hester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Volcania W. Virginia

17. INFORMANT (ADDRESS) Frank Guide 1207 Turner St

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE May 31, 1937

19. EMBALMER (ADDRESS) Funeral Home LICENSE NO. 2274 SIGNATURE [Signature] FUNERAL DIRECTOR Miles Mortuary ADDRESS Miami, Florida

20. FILED June 2, 1937 C. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct-1936, 1936, TO May 29-, 1937
I LAST SAW HIM ALIVE ON May 29-, 1937. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:30 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Endocarditis with Aortic regurgitation DATE OF ONSET Oct-1936
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Pulmonary Edema May 24, 1937

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

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) Leyn L. M. Lerou M. D. (ADDRESS) Miami, Arizona