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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 COUNTY Yuma STATE ARIZONA STATE FILE NO. 533  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 8  
 CITY Ray NO. Ray Con Hospital ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Wilbert A. Mapes Jr. HOW LONG IN U.S. IF NOT FOREIGN BIRTH? XXXXXXXXXX DS.  
 HOW LONG IN STATE WHEN DEATH OCCURRED? 35 YRS. XXX MO. XXX DS.  
 (A) RESIDENCE: NO. Ray ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (USUAL PLACE OF ABODE)

| PERSONAL AND STATISTICAL PARTICULARS   |                                  |  |                         |
|--|----------------------------------|--|-------------------------|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)<br><u>Married</u> |                         |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Ruby Mapes</u>  |                                  |  |                         |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1902</u>  |                                  |  |                         |
| 7. AGE   |                                  | IF LESS THAN   |                         |
| YEARS  | MONTHS                           | DAYS   | 1 DAY, — HRS. OR — MIN. |
| <u>35</u>  | <u>xx</u>                        | <u>18</u>  |                         |
| 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.<br><u>Miner</u>                      |                                  |  |                         |
| 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.<br><u>mine</u>                                |                                  |  |                         |
| 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)<br><u>3-14-37</u>  |                                  | 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION<br><u>15</u>                 |                         |
| 12. BIRTHPLACE (CITY OR TOWN) — <u>Nogales</u><br>(STATE OR COUNTY) <u>Arizona</u>   |                                  |  |                         |
| 13. NAME <u>Wilbert A. Mapes Sr.</u>   |                                  |  |                         |
| 14. BIRTHPLACE (CITY OR TOWN) — <u>Altamont</u><br>(STATE OR COUNTY) <u>Missouri</u>   |                                  |  |                         |
| 15. MAIDEN NAME <u>Hester Ann Brown</u>  |                                  |  |                         |
| 16. BIRTHPLACE (CITY OR TOWN) — <u>Altamont</u><br>(STATE OR COUNTY) <u>Missouri</u>   |                                  |  |                         |
| 17. INFORMANT <u>Ruby Mapes</u><br>(ADDRESS) <u>Ray Arizona</u>  |                                  |  |                         |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u><br>PLACE <u>Ray Cemetery</u> DATE <u>3-28</u> , 19 <u>27</u>                     |                                  |  |                         |
| 19. EMBALMER } LICENSE NO. <u>416 A</u><br>FUNERAL DIRECTOR } SIGNATURE <u>C. L. Merchant</u><br>ADDRESS <u>Superior Arizona</u> |                                  |  |                         |
| 20. FILED <u>5-26-1927</u> REGISTRAR   |                                  |  |                         |

| MEDICAL CERTIFICATE OF DEATH  |                               |
|---|-------------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-25-37</u> , 19 <u>37</u>  |                               |
| 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>5-20-</u> , 19 <u>37</u> , TO <u>5-28-</u> , 19 <u>37</u>                                  |                               |
| I LAST SAW HIM ALIVE ON <u>5-25</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:30</u> P. M.                |                               |
| THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  | DATE OF ONSET                 |
| <u>Purpura haemorrhagica</u>  | <u>5-2-37</u>                 |
| OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  |                               |
| NAME OF OPERATION <u>None</u> DATE OF _____   |                               |
| WHAT TEST CONFIRMED DIAGNOSIS? <u>P.E.</u> WAS THERE AN AUTOPSY? <u>No</u>  |                               |
| 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? <u>No</u>   |                               |
| IF SO, SPECIFY _____  |                               |
| (SIGNED) <u>D. E. Whelan</u> M. D.  | (ADDRESS) <u>Ray, Arizona</u> |