3197

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

Dr. G. B. Steward

State File No. 436

Registered No. 58

1. PLACE OF DEATH

County Pinal State ARIZONA

Township or Village

City Florence 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 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alem Price Shipe How long in State when death occurred? 7 yrs. mos. ds.

(a) Residence: No. Florence, Arizona St., Ward.

(Usual place of abode) (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): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Nellie Shipe

6. DATE OF BIRTH (month, day, and year) Aug. 4, 1874

7. AGE: Years 62 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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 Country) Montgomery Penn.

FATHER

13. NAME Jonas Shipe

14. BIRTHPLACE (city or town) (State or Country) Penn.

MOTHER

15. MAIDEN NAME Esther Fisher

16. BIRTHPLACE (city or town) (State or Country) Penn.

17. INFORMANT (Address) Mrs. Edna Barker Florence, Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Florence Cemetery Date June 20, 1937

19. EMBALMER License No. 209-A Signature Dalton H. Cole

FUNERAL DIRECTOR Martin Mortuary

Address Florence, Arizona

20. Filed July 7, 1937 D. W. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1-37, 19, to 6-18-37, 19

I last saw him alive on 6-18-37, 19; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

General Metastasis

Date of Onset

Other contributory causes of importance:

Bladder Exploration

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) G. B. Steward, M. D.

(Address) Florence, Ariz.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information