

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. 74  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 76  
 CITY Miami NO. Miami-Tnnp. Hospital ST. \_\_\_\_\_ OR \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME James E. Puett HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. Miami Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_ HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Puett</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1893</u>				
7. AGE      YEARS      MONTHS      DAYS      IF LESS THAN 1 DAY, HRS. OR MIN. <u>43</u> <u>11</u> <u>7</u>				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Operator in concentrator</u>				
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) <u>Bulcher Texas</u>				
13. NAME <u>Unknown</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>				
15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) _____				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Pinal Cemetery</u> DATE <u>July 17, 1937</u>				
19. EMBALMER } LICENSE NO. <u>2004</u> FUNERAL DIRECTOR } SIGNATURE <u>J. H. McEllan</u> <u>Miles Mortuary</u> ADDRESS <u>Miami Arizona</u>				
20. FILED <u>July 22, 1937</u> <u>C. M. Cron</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 1st 1937 TO July 14 1937  
 I LAST SAW HIM ALIVE ON 7-14-37; 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:  
Congestive  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Primary Carcinoma of Lung?  
 NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

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) J. H. McEllan M. D.  
 (ADDRESS) Miami, Arizona