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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Maricopa State ARIZONA State File No. 326
Township _____ or Village _____ Registered No. 169
City Phoenix No. St. Joseph's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Benj. F. Blackburn How long in State when death occurred? 60 yrs. _____ mos. _____ ds.
(a) Residence: No. Skull Valley, Arizona. St. _____ Ward _____ (If non-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>Single</u>			21. DATE OF DEATH (month, day, and year) <u>July 31, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>July 22 1937</u> , 19____, to <u>July 31, 1937</u> , 19____	
6. DATE OF BIRTH (month, day, and year) <u>Jan. 9, 1871</u>					I last saw him alive on <u>July 31</u> , 19 <u>37</u> , death is said to have occurred on the date stated above, at <u>4:30</u> , P. M.	
7. AGE		Years <u>66</u>	Months <u>6</u>	Days <u>22</u>	The principal cause of death and related causes of importance were as follows: <u>Post operative hemorrhage</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor,</u>				Date of Onset <u>7-28-37</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Skull Valley, School</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 Country) <u>California</u>						
FATHER	13. NAME <u>Ernest Blackburn</u>					
	14. BIRTHPLACE (city or town) (State or Country) <u>California</u>					
MOTHER	15. MAIDEN NAME <u>Josephine Stombs</u>					
	16. BIRTHPLACE (city or town) (State or Country) <u>Missouri</u>					
17. INFORMANT (Address) <u>C. A. Shupp Skull Valley, Arizona.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Skull Valley, Ariz</u> Date <u>8-2</u> , 19 <u>37</u>						
19. EMBALMER License No. <u>26</u> Signature <u>J. T. Whitney</u>						
FUNERAL DIRECTOR <u>Lester Ruffner</u> Address <u>Prescott, Ariz.</u>						
20. Filed <u>8/2</u> , 19 <u>37</u> <u>Jasna Z. Johnson</u> Registrar						
					Name of operation <u>Partial gastrectomy</u> Date of <u>7-28-37</u>	
					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) <u>Edgar Palmer</u> M. D.	
					(Address) <u>111 Prof. Bldg.</u>	

10M-6-12-36-M3-Form 3-100% RAG Back of Certificate to be used for any Additional Information