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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

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY NAVAJO STATE ARIZONA
 TOWNSHIP WINSLOW OR VILLAGE _____ REGISTERED NO. 38
 CITY WINSLOW NO. 504 E. 8 D.

STATE FILE NO. 358

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ WARD _____
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. 10 DS. HOW LONG IN STATE IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME JAMES WILLIAM GORRLE HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ (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>MARY ELIA GORRLE</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEP 17, 1867</u>			
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>2</u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>STOREKEEPER</u>		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>2nd HAND</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>7-20-37</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>9</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>TEXAS</u>			
FATHER	13. NAME <u>UNKNOWN</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>TEXAS</u>		
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>TEXAS</u>		
17. INFORMANT <u>MRS. O. S. JOHNSON</u> (ADDRESS) <u>504 E. 8 D.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WICKENBURG</u> DATE <u>7-20</u> , 19 <u>37</u>			
19. EMBALMER (LICENSE NO. <u>2012</u>) SIGNATURE <u>J. M. Drummond</u> FUNERAL DIRECTOR <u>J. M. Drummond</u> ADDRESS <u>WINSLOW, ARIZ.</u>			
20. FILED <u>7-20</u> , 19 <u>37</u> <u>Lorna Drummond</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 19, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 19, 1937 TO July 19, 1937
 I LAST SAW HIM ALIVE ON July 19, 1937 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:00 P.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Myocardial infarction DATE OF ONSET 7-19-37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Arteriosclerosis ?

NAME OF OPERATION None DATE OF WHAT TEST CONFIRMED DIAGNOSIS Physical findings 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? No

IF SO, SPECIFY (SIGNED) Myron P. Wright M. D. (ADDRESS) Winslow, Ariz.

NON-1-28-36—FORM 2—100% RAG
 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION