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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 Gila STATE ARIZONA STATE FILE NO. 74
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 76
CITY Globe NO. Gila County Hospital OR _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Willard Huff HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 521 Hill, Globe Ariz. 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>Divorced</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-5-1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>July 10, 1937, to Aug 5, 1937</u> I LAST SAW HIM ALIVE ON <u>Aug 5, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:45 P. M.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>General anaemia due to cardiac decompensation</u> <u>July</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				DATE OF ONSET <u>July</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9, 1878</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Bronchopneumonia</u> <u>June</u>	
7. AGE	YEARS <u>58</u>	MONTHS <u>9</u>	DAYS <u>27</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>Carpenter</u>				NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? <u>X-Ray</u> WAS THERE AN AUTOPSY? <u>No</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
FATHER	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 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 _____	
	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____					
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Lawrence, Co Kentucky</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____ (SIGNED) <u>George H. Hess</u> M. D. (ADDRESS) <u>Globe, Arizona</u>	
	13. NAME <u>Mendith Huff</u>					
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Lawrence Co Kentucky</u>				19. EMBALMER } LICENSE NO. <u>2081</u> FUNERAL DIRECTOR } SIGNATURE <u>W. H. McTellan</u> <u>W. H. McTellan</u> ADDRESS <u>Globe, Arizona</u>	
	15. MAIDEN NAME <u>Nancy Terry</u>					
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Lawrence Co Kentucky</u>				20. FILED <u>Aug 9, 1937</u> <u>John Wallace</u> REGISTRAR	
	17. INFORMANT (ADDRESS) <u>Mrs. Charles Huff</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bernal Cemetery</u> DATE <u>8-7-1937</u>						

10M-1-25-36 FORM 3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION