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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

STATE FILE NO. 89
REGISTERED NO. 82

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe NO. 398 Ash St. ST. _____ 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 U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Kaloma Edna Medlin HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE NO. Copper Hill WARD _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</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>Aug. 23, 1937</u>	19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Aug 23, 1937</u> TO <u>Aug 23, 1937</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 11 1936</u>				I LAST SAW HIM ALIVE ON <u>Aug 23, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8/20 P</u> M.	
7. AGE	YEARS <u>8</u>	MONTHS <u>22</u>	DAYS <u>22</u>	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Scorpion Sting</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>None</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) <u>Globe</u> (STATE OR COUNTY) <u>Arizona</u>					
FATHER	13. NAME <u>John W. Medlin</u>				
	14. BIRTHPLACE (CITY OR TOWN) <u>Copper Hill</u> (STATE OR COUNTY) <u>Arizona</u>				
MOTHER	15. MAIDEN NAME <u>Ethel Holliday</u>				
	16. BIRTHPLACE (CITY OR TOWN) <u>Pine Top</u> (STATE OR COUNTY) <u>Arizona</u>				
17. INFORMANT <u>John W. Medlin</u> (ADDRESS) <u>Globe Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Globe Cemetery</u> DATE <u>Aug. 25, 1937</u>					
19. EMBALMER LICENSE NO. <u>18 A.</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR LICENSE NO. <u>10</u> SIGNATURE <u>[Signature]</u> ADDRESS <u>Globe, Arizona</u>					
20. FILED <u>Aug 27, 1937</u> REGISTRAR <u>[Signature]</u>					
				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 _____ WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>[Signature]</u> M. D. _____ (ADDRESS) <u>Globe Ariz.</u>					