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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 STATE FILE NO. 69

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 94
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. 596 E. Sycamore 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 36 YRS. _____ MOS. _____ DS. HOW LONG IN _____ OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME William Henry Mercer HOW LONG IN STATE WHEN DEATH OCCURRED 36 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 596 E. Sycamore St. ST. _____ WARD _____ (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>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Sept 1</u> TO <u>Oct 2</u> , 19 <u>37</u> I LAST SAW HIM ALIVE ON <u>Oct 2, 1937</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9/40 a.m.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Chronic Endocarditis and Arteriosclerosis</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Ann Mercer</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10, 1848</u>	7. AGE YEARS MONTHS DAYS <u>89</u> <u>2</u> <u>22</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>Mining Engineer</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Retired</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Smoking</u>
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1917</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Curry Co. N. Carolina</u>		13. NAME <u>James Mercer</u>		NAME OF OPERATION _____ DATE OF _____	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>North Carolina</u>		15. MAIDEN NAME <u>Civility Owen</u>		WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>North Carolina</u>		17. INFORMANT <u>John F. Mercer</u> (ADDRESS) <u>Globe Arizona</u>		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 _____
18. BURIAL, CREMATION, OR REMOVAL PLAC. <u>Kings Mountain Cem.</u> DATE <u>10-6-1937</u>		19. EMBALMER (SIGNATURE) <u>[Signature]</u> LICENSE NO. <u>18 A</u> FUNERAL DIRECTOR <u>License 10 A</u> ADDRESS <u>Globe Arizona</u>		MANNER OF INJURY _____ NATURE OF INJURY _____	
20. FILED <u>Oct. 5, 1937</u> REGISTRAR		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>[Signature]</u> M. D. <u>Globe</u>			