

9593

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. 75

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE _____
 CITY Miami NO. _____ ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Benjamin Pierce
 (A) RESIDENCE: NO. # 3 Clarks Addition ST. _____ WARD _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Naysmith Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1862

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.
75 7 17 _____

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Portland Oregon

13. NAME Eben Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Rockford Illinois

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Indiana

17. INFORMANT (ADDRESS) Mrs Rose N. Pierce #3 Clarke Add. Miami, Ar

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 10/10, 1937

19. EMBALMER (LICENSE NO. 200 A) SIGNATURE [Signature]
 FUNERAL DIRECTOR Miles Mortuary
 ADDRESS Miami, Arizona.

20. FILED Oct 10, 1937 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 6, 1935 TO Oct 6, 1937
 I LAST SAW HIM ALIVE ON Oct 6, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET
Sandis-renal Syndrome
Arterio-sclerosis
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Senility

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ 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? _____
 IF SO, SPECIFY _____ (SIGNED) [Signature] M. D.
 (ADDRESS) Miami Arizona

FORM 1-25-28—FORM 3—100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION