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 OCCUPA-TION is very important.

COUNTY Gila COUNTY Gila TOWNSHIP CITY Miami (If death occurred in hospital or institution, give if Name astrong street and humber) Length of residence In city or town where death occurred yes mos. Ds. How Longitod. If of foreign with yes. Mos. 2. Full name and Gilarks Addition (A) residence: No# 3 Clarks Addition Tubulat place of abode) Personal and statistical particulars 3. Sex 4. Color or race of abode) Personal and statistical particulars Maile White The Word Mapyied A. Color or Race of Abode of Divorced, (Write the Word) Mapyied A. If Married, Widowed, or Divorced Hussand of Corn, Wife or Rose Naysmith Pierce 5. Date of Birth (Month, Day, and year) Feb 22, 186 or have occurred on the date stated above, at 197 or have occurred on the date stated causes of 197 or have occurred on the date stated above, at 197 or have occurred on the date stated above, at 197 or have occurred on the date stated above, at 197 or have occurred on the date oc	MAR. DE MOS. DE STATE) STATE) , 19 3 ASED FRO
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OCCUPATION 12 OTHER PATRIBUTORY CAUSES OF IMPORTANCE:	
2. BIRTHPLACE (CITY OR TOWN) FORTland (STATE OR COUNTY) OFFICE OR	
0105011	
13. NAME Eben Pierce	
14. BIRTHPLACE (CITY OR TOWN) ROCKford WHAT TEST	
(STATE OR COUNTY)	Ir.
WAS THERE AN AUTOPY	<u> </u>
THE FOLLOWING	L IN ALSC
16. BIRTHPLACE (CITY OR TOWN) ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY (STATE OR COUNTY) LNCLOSED WHERE DID INJURY OCCUR?	, 19
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(ADDRESS) #O CLATKE ADD. 11 Smg. AND A COURTED IN INDUSTRY, IN HOME	E, OR IN
S. BURIAL CREMATION, OR REMOVAL DUE 18	
PLACE FINAL Cemetery DATE 10/10, 19 37	
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SIGNATURE SIGNATURE 24 WILLIAM 24 WILLIAM	
DIRECTOR Wiles Mortuary	ATION OF
ADDRESS Miami, Arizona. A IF SO, SPECIFY	
FILED OR 1, 1957 Ferred A truly Son (BIGNED Relieve D Drag Tox	
MM—1-25-38—FORM 3—100% RAG REGISTAR (ADDRESS) BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMA-	M. D.