4608

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. [illegible]

1. PLACE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO.

TOWNSHIP OR VILLAGE OR

CITY Miami NO. Inspiration Hospital 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 Infant Boy Davis HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.

(A) RESIDENCE: NO. Claypool Arizona ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1937

7. AGE YEARS 0 MONTHS 0 DAYS 0 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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

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) (STATE OR COUNTY) Miami Arizona

FATHER

13. NAME Paul Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Poplar Bluff Missouri

MOTHER

15. MAIDEN NAME Marjorie Cowsurt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Piggot Arkansas

17. INFORMANT (ADDRESS) Paul Davis Claypool Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Pinal Cemetery DATE 10/25, 1937

19. EMBALMER LICENSE NO. 200 A SIGNATURE W. H. McLellan

FUNERAL DIRECTOR Miles Mortuary

ADDRESS Miami, Arizona.

20. FILED OCT 30 1937, 19 Nelson D. Brayton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 10-24-37, 19, TO 10-24-37, 19

I LAST SAW HIM ALIVE ON , 19 ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:30 PM

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

Still Born - Due to Knots in Cord

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY

(SIGNED) F. E. Harris M. D.

(ADDRESS) Miami

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-38—FORM 3—100% RAG