

9609

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. _____

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 104
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Frank M. Douglas HOW LONG IN STATE SINCE DEATH OCCURRED? 20 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Wackney Ave. Globe ST. _____ WARD 2000a (IF NO RESIDENCE, 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>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10-24, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 72</u>				I LAST SAW H. _____ ALIVE ON _____, 19____. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:24 5:30</u> P.M.	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. <u>about 72</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Natural causes known jury verdict</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Cattleman</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		DATE OF ONSET _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____					
13. NAME <u>John M. Douglas</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>					
15. MAIDEN NAME <u>Chicklin</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>					
17. INFORMANT <u>Wm. Fred Brought</u> (ADDRESS) <u>Austin, Texas</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>10-27, 1937</u>					
19. EMBALMER } LICENSE NO. <u>1900 A</u> FUNERAL DIRECTOR } SIGNATURE <u>W. H. McCallan</u> ADDRESS <u>Wiles Mortuary</u> <u>Globe, Arizona</u>					
20. FILED <u>10-27, 1937</u> <u>Frank Wallace</u> REGISTRAR (ADDRESS) _____					

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 E. H. H. Lechner (SIGNED) _____ (ADDRESS) _____

10M-1-25-3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION