9828

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. 267

1. PLACE OF DEATH State ARIZONA Registered No. 9

County Pima or Village Ajo or

Township No. New Cornelia Hosp. St. Ward

City (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

How long in State when death occurred ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Chambers St., ___ Ward. (If non-resident give city or town and state)

(a) Residence: No. Ajo Ariz. (Usual place of abode)

2015

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Mexican

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-7-1907

7. AGE Years 29 Months 11 Days 2 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Powderman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. D. Copper Mining Co.

10. Date deceased last worked at this occupation (month and year) Oct. 2-37

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or Country) Bisbee Ariz.

FATHER

13. NAME Charles Chambers

14. BIRTHPLACE (city or town) (State or Country) Do not know. England

MOTHER

15. MAIDEN NAME Guadalupe Ortiz

16. BIRTHPLACE (city or town) (State or Country) Do not know. Mexico

17. INFORMANT (Address) Charles Corella Ajo Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Ajo Ariz. Date Oct-4 1937

19. EMBALMER { License No. 217 H Signature Horace T. Lyons

FUNERAL DIRECTOR Horace T. Lyons

Address Ajo Arizona

20. Filed Oct. 3-37 19 Lois L. Whiteley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/2/37, 19___, to 10/3/37, 19___

I last saw him alive on 10/2/37, 19___; death is said to have occurred on the date stated above, at 1:25 A.m.

The principal cause of death and related causes of importance were as follows:

Basilar skull fracture
Penetrating skull fracture of left parietal region
Laceration of scalp

Date of Onset

Other contributory causes of importance:

Name of operation Sternal puncture 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 10/2, 1937

Where did injury occur? Ajo Ariz (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Copper Mine

Manner of injury Falling rock

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Ohl, M. D.

(Address) Ajo Ariz

Back of Certificate to be used for any Additional Information

10M—7-20-37—Sims—Form 3—100% RAG