

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

1. PLACE OF DEATH **Cochise** County **ARIZONA** State File No. **104**  
 Township **Powie-3<sup>rd</sup> n Simon** or Village **Powie** City **Powie**  
 (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 **23** yrs. mos. ds. How long in U.S. if foreign birth? yrs. mos. ds.

2. FULL NAME **Amos Rex** How long in state when death occurred? **23** yrs. mos. ds.  
 (a) Residence: No. **23** St. **23** Ward. **23**  
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <b>Married</b>			21. DATE OF DEATH (month, day, and year) <b>January 19, 1938</b>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <b>Mrs. Rex</b>					I HEREBY CERTIFY, That I attended deceased from <b>January 16, 1938</b> to <b>January 19, 1938</b>	
6. DATE OF BIRTH (month, day, and year) <b>January 16, 1864</b>					I last saw him alive on <b>January 19, 1938</b> , death is said to have occurred on the date stated above, at <b>10:47</b> m.	
7. AGE		Years <b>74</b>	Months <b>0</b>	Days <b>3</b>	The principal cause of death and related causes of importance were as follows: <b>Cerebral hemorrhage</b>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>					Date of Onset <b>1-16-38</b>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Dr. yge, Mail Messenger</b>					Other contributory causes of importance: <b>Arteriosclerosis Senility</b>	
10. Date deceased last worked at this occupation (month and year) <b>1-15-38</b>					Name of operation <b>None</b> Date of <b>-</b>	
12. BIRTHPLACE (city or town) (state or country) <b>Pennsylvania</b>					What test confirmed diagnosis? <b>Clinical</b> Was there an autopsy? <b>No</b>	
13. NAME <b>Amos Rex</b>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <b>-</b> Date of injury <b>-</b> , 19 <b>-</b>	
14. BIRTHPLACE (city or town) (State or country) <b>Pennsylvania</b>					Where did injury occur? <b>-</b> (Specify city or town, county and State)	
15. MAIDEN NAME <b>Mrs. Quatziker</b>					Specify whether injury occurred in industry, in home, or in public place. <b>-</b>	
16. BIRTHPLACE (city or town) (State or country) <b>Pennsylvania</b>					Manner of injury <b>-</b>	
17. INFORMANT <b>W. G. Rex, son</b> (Address) <b>Tucson, Arizona</b>					Nature of injury <b>-</b>	
18. BURIAL, CREMATION, OR REMOVAL Place <b>Powie, Arizona</b> Date <b>1-20-38</b>					24. Was disease or injury in any way related to occupation of deceased? <b>No</b>	
19. UNDERTAKER <b>James P. Pappas</b> (Address) <b>Powie, Arizona</b>					If so, specify <b>Low Garrison</b> , M. D. (Signed) <b>Low Garrison</b> (Address) <b>Powie, Arizona</b>	
20. Filed <b>1-20-38</b> Registrar <b>Low Garrison</b>						