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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  
County Mohave State ARIZONA  
Township Kingman or Village \_\_\_\_\_  
City \_\_\_\_\_ No. Mohave Gen Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. 20 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Dolcie Guess How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If no resident give city or town and state)

State File No. 321  
Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Female 4. COLOR OR RACE Cauc 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed  
5a. If married, widowed, or divorced, HUSBAN of Henry W. Guess (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) Aug 30, 1865  
7. AGE Years 72 Months 4 Days 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife  
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) Collins Co (State or Country) Texas

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (month, day, and year) 1-6, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 1-3-38, 19\_\_\_\_, to 1-6-38, 19\_\_\_\_.  
I last saw h.e.a. alive on 1-5, 1938; death is said to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:  
General  
Streptococci  
Septicemia  
Date of Onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

MOTHER  
13. NAME Robert Wallace  
14. BIRTHPLACE (city or town) Tenn (State or Country) \_\_\_\_\_  
15. MAIDEN NAME Millie Cantwell  
16. BIRTHPLACE (city or town) Texas (State or Country) \_\_\_\_\_  
17. INFORMANT Dolcie W Guess (Address) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL  
Place Hackberry, Ariz Date 1/7, 1938  
19. EMBALMER { License No. 139  
Signature Ray E. Winters  
FUNERAL DIRECTOR Van Warter Mortuary 64 A  
Address Kingman, Ariz  
20. Filed Jan 7, 1938 William M. Patis Registrar

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 Toothache (Signed) \_\_\_\_\_ M. D.  
(Address) Kingman, Ariz