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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 Pima State ARIZONA State File No. 082  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Young No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_  
 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 George Calvin Maxwell How long in State when death occurred 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ (If non-resident, 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>married</u>			21. DATE OF DEATH (month, day, and year) <u>Feb 15, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____ I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Paralysis</u> 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) <u>Ola Young</u> Local Registrar (Address) _____
5a. If married, widowed, or divorced HUSBAND of <u>Bessie Maxwell</u> (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>Dec 18, 1882</u>	7. AGE Years <u>55</u> Months <u>1</u> Days <u>27</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</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 _____	12. BIRTHPLACE (city or town) <u>Pleasanton</u> (state or country) <u>N. Mex</u>				
MOTHER		FATHER				
13. NAME <u>Wm Bailey Maxwell</u>		14. BIRTHPLACE (city or town) <u>On the Ocean</u> (State or country) _____				
15. MAIDEN NAME <u>Mariette Hamblin</u>		16. BIRTHPLACE (city or town) <u>Piute</u> (State or country) <u>U.</u>				
17. INFORMANT <u>Mrs. Bessie Maxwell</u> (Address) <u>Young, Ariz.</u>		18. BURIAL, CREMATION, OR (REMOVAL) <u>1</u> Place <u>Young Cemetery</u> Date <u>Feb</u> 19 <u>38</u>				
19. UNDERTAKER _____ (Address) _____		20. Filed <u>2/17</u> 19 <u>38</u> <u>Ola Young</u> Registrar				

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information