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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 33

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 33  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. Gila County Hospital ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE \_\_\_\_\_  
IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_  
2. FULL NAME Charles Merritt HOW LONG IN STATE WHEN DEATH OCCURRED \_\_\_\_\_  
(A) RESIDENCE: NO. \_\_\_\_\_ 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>Unknown</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 27, 1938</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>March 10th, 1938, TO March 27th, 1938</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				I LAST SAW HIM ALIVE ON <u>March 27th, 1938</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6-45 A.M.</u>			
7. AGE <u>about 75</u>	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Unknown</u>			Cerebral hemorrhage <u>1935</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			Sequelae of the Cerebral hemorrhage.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>							
FATHER	13. NAME <u>Unknown</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)							
MOTHER	15. MAIDEN NAME <u>Unknown</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)							
17. INFORMANT (ADDRESS)							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>March 31, 1938</u>							
19. EMBALMER (LICENSE NO. <u>18 A.</u> ) FUNERAL DIRECTOR (SIGNATURE <u>[Signature]</u> ) ADDRESS <u>Globe Arizona</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 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 _____			
20. FILED <u>Mar 31, 1938</u> REGISTRAR				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>NO</u> IF SO, SPECIFY _____ (SIGNED) <u>[Signature]</u> M. D. (ADDRESS) <u>Globe, Ariz.</u>			