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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. _____ REGISTERED NO. 8

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE Near Gisela Settlement OR
CITY _____ NO. _____ 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 ? YRS. ? MOS. ? DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? ? YRS. ? MOS. ? DS.
2. FULL NAME Fred Pranty HOW LONG IN STATE WHEN DEATH OCCURRED? ? YRS. ? MOS. ? DS.

(A) RESIDENCE: NO. Gun Creek ST. _____ WARD _____
(USUAL PLACE OF ABODE) (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>single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>unknown, 1924</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____				I LAST SAW H _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.		
7. AGE	YEARS <u>act. 50</u>	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Gun shot wound</u> <u>Probably self inflicted</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>prospector</u>				DATE OF ONSET _____	
	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) <u>1924</u>					
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>?</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____		
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) <u>unknown</u>					
	15. MAIDEN NAME <u>unknown</u>					
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u>					
	17. INFORMANT <u>Coroners Inquest</u> (ADDRESS) <u>Payson, Ariz. 5/25/38</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Payson</u> DATE <u>5/27, 1938</u>						
19. EMBALMER } FUNERAL DIRECTOR } ADDRESS _____		LICENSE NO. _____ SIGNATURE <u>none</u>				
20. FILED <u>6-7-38</u> <u>1938</u> <u>Wm. O. Haley</u> REGISTRAR						
NAME OF OPERATION _____ DATE OF _____				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 _____				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>unknown</u>		
NATURE OF INJURY _____				IF SO, SPECIFY <u>Wm. O. Haley</u> (SIGNED) <u>Wm. O. Haley</u> M. D. (ADDRESS) <u>Payson, Arizona</u>		