

2409

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

State File No. 88

1. PLACE OF DEATH
 County Gravame State ARIZONA Registered No. 39
 Township St. Thomas or Village St. Thomas Ward _____
 City _____ No. _____
 (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. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Gene Hammond How long in State when death occurred _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. St. Thomas, Arizona St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) (State or Country) Safford, Ariz.
 MOTHER
 13. NAME Tom Hammond
 14. BIRTHPLACE (city or town) (State or Country) Roswell, N. Mex.
 15. MAIDEN NAME Label Hinton
 16. BIRTHPLACE (city or town) (State or Country) St. Thomas, Ariz.
 17. INFORMANT Tom Hammond (Address) St. Thomas, Ariz.
 18. BURIAL, CREMATION, OR REMOVAL. Place St. Thomas Date May 7, 1938
 19. EMBALMER License No. _____ Signature _____
 FUNERAL DIRECTOR A. C. Ransom Address Safford, Ariz.
 20. Filed June 9, 1938 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to May 7, 1938
 I last saw at 4:00 alive on May 7, 1938 death is said to have occurred on the date stated above, at 4:00 p. m.
 The principal cause of death and related causes of importance were as follows:
Premature 6 mo infant weight about 3 pounds
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) J. H. Kitchin M. D.
 (Address) Safford, Arizona