

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 Gila State ARIZONA Registered No. 55-  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. 442 South High St. 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 29 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Grace Harper Oneal How long in State when death occurred? 29 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. 442 South High St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>E. H. Oneal</u>				
6. DATE OF BIRTH (month, day, and year) <u>June 4th 1883</u>				
7. AGE	Years <u>55</u>	Months <u>0</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Leadville</u> (State or Country) <u>Colorado</u>				
FATHER	13. NAME <u>John Harper</u>			
	14. BIRTHPLACE (city or town) <u>Shetland Islands</u> (State or Country)			
MOTHER	15. MAIDEN NAME <u>Katherine Margam</u>			
	16. BIRTHPLACE (city or town) <u>Wales</u> (State or Country)			
17. INFORMANT <u>E. H. Oneal</u> (Address) <u>Globe, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe, Arizona</u> Date <u>6/19/38</u>				
19. EMBALMER License No. _____ Signature <u>[Signature]</u> FUNERAL DIRECTOR #10-A <u>[Signature]</u> Address <u>Globe, Arizona</u>				
20. Filed <u>June 18 1938</u> <u>[Signature]</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>June 15th 1938</u>	
I HEREBY CERTIFY That I attended deceased from <u>May 20 1938</u> to <u>June 15 1938</u>	
I last saw <u>her</u> alive on <u>June 15 1938</u> death is said to have occurred on the date stated above, at <u>6:00 P.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>Organic heart lesion</u>	Date of Onset <u>1910</u>
Other contributory causes of importance:	
<u>Acute Nephritis</u>	<u>6/1/38</u>
Name of operation <u>None</u> Date of _____	
What test confirmed diagnosis? <u>Symptoms</u> Was there an autopsy? <u>No</u>	
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? <u>No</u>	
If so, specify _____ (Signed) <u>[Signature]</u> M. D.	
_____ (Address) <u>Globe, Ariz.</u>	

10M-8-12-36-MS-Form 3-100% RAG Back of Certificate to be used for any Additional Information