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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

State File No. 74  
Registered No. 78

1. PLACE OF DEATH  
 County Cochise State ARIZONA  
 Township Webb or Village Webb City Webb  
 No. About 40 miles N. of Douglas St. St. Ward 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        yrs.        mos.        ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.  
 2. FULL NAME Stephen Franklin Burnett How long in State when death occurred        yrs.        mos.        ds.  
 (a) Residence: No. Webb, Arizona St.        Ward         
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of         
 6. DATE OF BIRTH (month, day, and year) 9-3-1856  
 7. AGE Years 81 Months 10 Days 2 If LESS than 1 day,        hrs. or        min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself  
 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) Tenn.  
 MOTHER / FATHER  
 13. NAME Jefferson Burnett  
 14. BIRTHPLACE (city or town) (State or Country) Missouri  
 MOTHER / FATHER  
 15. MAIDEN NAME Mary Huff  
 16. BIRTHPLACE (city or town) (State or Country) Missouri  
 17. INFORMANT Lee Burnett (Address) Webb, Arizona  
 18. BURIAL, CREMATION, OR REMOVAL Place Pearce, Arizona Date       , 19        
 19. EMBALMER License No. 120-A Signature Howard E. Ames  
 FUNERAL DIRECTOR Porter & Ames Address Douglas, Arizona  
 20. Filed July 6, 1938 Marshall D. Harris Registrar

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (month, day, and year) 7-5-38, 19        
 22. I HEREBY CERTIFY, That I attended deceased from       , 19      , to       , 19      .  
 I last saw        alive on       , 19      ; death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of Onset 7/5/38  
Arterial sclerosis (general) ?  
Hyperkalemia ?  
 Name of operation        Date of         
 What test confirmed diagnosis clinical 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) Jack West M. D.  
 (Address) Douglas, Ariz.