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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. PHYSICIAN 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. 74

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. 75
Township _____ or Village _____
City Globe No. Gila County Hospital 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 31 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds.
2. FULL NAME Phen Howard Brouillet How long in State when death occurred? _____ yrs. mos. ds.

(a) Residence: No. 977 N. Devereux St. _____ Ward _____ (if non-resident, give city or town and state)
(Usual place of abode)

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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 27, 1938</u>	22. I HEREBY CERTIFY that I attended deceased from <u>July 22, 1938</u> to <u>July 27, 1938</u> . I last saw him alive on <u>July 27, 1938</u> ; death is said to have occurred on the date stated above, at <u>12:45 P. M.</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Ellen Brouillet</u> (or) WIFE of _____				The principal cause of death and related causes of importance were as follows: <u>Apoplexy</u>	
6. DATE OF BIRTH (month, day, and year) <u>April 8, 1873</u>	7. AGE Years <u>65</u> Months <u>3</u> Days <u>19</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		Other contributory causes of importance: <u>Left hemiplegia</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>O. D. Mine</u>		10. Date deceased last worked at this occupation (month and year) <u>1917</u>			
11. Total time (years) spent in this occupation _____		12. BIRTHPLACE (city or town) (State or Country) <u>Salt St. Marie Canada</u>		Name of operation _____ Date of _____	
13. NAME <u>Esaie Brouillette</u>		14. BIRTHPLACE (city or town) (State or Country) <u>No record</u>		What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
15. MAIDEN NAME <u>No Record</u>		16. BIRTHPLACE (city or town) (State or Country) _____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
17. INFORMANT <u>Russell Brouillet</u> (Address) <u>Globe Arizona</u>		18. BURIAL XXXXXXXXXXXXXXXXXXXX Place <u>Globe Cemetery</u> Date <u>July 31, 1938</u>		Where did injury occur? _____ (Specify city or town, county and State)	
19. EMBALMER License No. <u>187A</u> Signature <u>[Signature]</u>		20. Filed <u>July 31, 1938</u> Registrar <u>[Signature]</u>		Specify whether injury occurred in industry, in home, or in public place _____	
FUNERAL DIRECTOR License <u>10-A</u> Address <u>Globe Arizona</u>		24. Was disease or injury in any way related to occupation of deceased? _____		Manner of injury _____ Nature of injury _____	
20. Filed <u>July 31, 1938</u> Registrar <u>[Signature]</u>		If so, specify _____ (Signed) <u>[Signature]</u> , M. (Address) <u>[Address]</u>		Manner of injury _____ Nature of injury _____	

Back of Certificate to be used for any Additional Information