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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

86

State File No. .....

1. PLACE OF DEATH

County Greenlee State ARIZONA Registered No. 17

Township ..... or Village .....

City Morenci No. Phelps Dodge Hosp St., ... Wa

(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. ..... d

2. FULL NAME Billingsley How long in State when death occurred? ..... yrs. ..... mos. ..... d

(a) Residence: No. ..... St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2 1938

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, sawyer, bookkeeper, etc.

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) (State or Country) Morenci Ariz

FATHER

13. NAME Ben Billingsley

14. BIRTHPLACE (city or town) (State or Country) Duncan Ariz

MOTHER

15. MAIDEN NAME Ruth McGrath

16. BIRTHPLACE (city or town) (State or Country) Franklin Ariz

17. INFORMANT (Address) Ben Billingsley Duncan

18. BURIAL, CREMATION, OR REMOVAL

Place Lemmon Date July 3, 1938

19. EMBALMER License No. None

Signature Francis

FUNERAL DIRECTOR

Address

20. Filed July 2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 193

22. I HEREBY CERTIFY, That I attended deceased fro July 2, 19 1 to 5 38, 19

I last saw h ..... alive on ....., 19 ..... death is sa to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows: Date of On

Stillborn

Other contributory causes of importance: Toxemia of mother

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the fol lowing:

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 plac

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased

If so, specify .....

(Signed) E J Ningle, M. I

(Address) Morenci

10M 1-7-38 MS Form 3 100% Rag

Back of Certificate to be used for any Additional Information