

2089

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 State File No. 070  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 97  
City Globe No. Icehouse Canyon 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 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME William Stewart Fields How long in state when death occurred? 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Icehouse Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

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>Oct. 13, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 13, 1938</u> to <u>Oct 13, 1938</u> I last saw him alive on <u>Oct 13, 1938</u> ; death is said to have occurred on the date stated above, at <u>11 P.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocardial Fibrosis</u>  Other contributory causes of importance:  Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Celia Howard Fields</u> (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>March 4, 1860</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 _____	
7. AGE Years <u>78</u> Months <u>7</u> Days <u>7</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R. R. Conductor</u>		11. Total time (years) spent in this occupation _____		
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) <u>1908</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Kentucky</u>		13. NAME <u>Fields</u>		24. (Signed) <u>Harman Wheeler</u> , M. D. (Address) <u>Globe, Ariz</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>		15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (city or town) (State or Country) _____		17. INFORMANT <u>Mrs. Celia Fields</u> (Address) <u>Globe Arizona</u>			
18. BURIAL <del>PLACE OF DEATH</del> Place <u>Globe Cemetery</u> Date <u>Oct. 15, 1938</u>		19. EMBALMER License No. <u>18-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>IO A.</u> Address <u>Globe Arizona</u>			
20. Filed <u>Oct 15, 1938</u>		Registrar. <u>[Signature]</u>			