

2091

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. 72-072  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 98  
City Globe No. 208 Glance St. St. \_\_\_\_\_ or 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 30 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if born abroad? 30 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Mary Elizabeth Hampton How long in State where death occurred 30 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. 208 Glance St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</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. 11, 1938, to Oct. 13, 1938</u> I last saw <u>her</u> alive on <u>Oct. 13, 1938</u> ; death is said to have occurred on the date stated above, at <u>9-10 P.</u> The principal cause of death and related causes of importance were as follows: <u>Acute Entero-Colitis</u>  Other contributory causes of importance: <u>Senility</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James Hampton</u>	6. DATE OF BIRTH (month, day, and year) <u>Dec. 13, 1847</u>	7. AGE Years <u>90</u> Months <u>10</u> Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset <u>Oct. 11, 1938</u>	
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. <u>At home</u>		Name of operation <u>none</u> Date of _____	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		What test confirmed diagnosis? <u>Examination</u> Was there an autopsy? <u>no</u>	
12. BIRTHPLACE (city or town) (State or Country) <u>England</u>		13. NAME <u>William Pengelly</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.	
14. BIRTHPLACE (city or town) (State or Country) <u>England</u>		15. MAIDEN NAME <u>Elizabeth Goodfellow</u>		Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) (State or Country) <u>England</u>		17. INFORMANT <u>Mrs. Albert Kinsman</u> (Address) <u>Globe Arizona</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
18. BURIAL PLACE <u>Globe Cemetery</u> Date <u>Oct. 16, 1938</u>		19. EMBALMER License No. <u>118 A.</u> Signature <u>Judy K. Jones</u>		If so, specify _____	
20. Filed <u>Oct. 16, 38</u> Registrar <u>Judy K. Jones</u>		FUNERAL DIRECTOR License <u>10 A.</u> Signature <u>Judy K. Jones</u> Address <u>Globe Arizona</u>		(Signed) <u>T. C. Harper</u> , M. D. (Address) <u>Globe, Ariz.</u>	

10M 1-7-38 MS Form 3 100% Rag Back of Certificate to be used for any Additional Information