

2111

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

93
092

1. PLACE OF DEATH
 County Graham State ARIZONA Registered No. 88
 Township _____ or Village _____
 City Pima No. _____ 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 56 yrs. 1 mos. 19 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Charles Martin Saline How long in State when death occurred? 56 yrs. 1 mos. 19 ds.
 (a) Residence: No. 7111 Ward Pima, Arizona
 (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) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Nov. 16, 1871
 7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
56 10 30
 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. Ranch
 10. Date deceased last worked at this occupation (month and year) September, 1937 11. Total time (years) spent in this occupation 40
 MOTHER FATHER
 12. BIRTHPLACE (city or town) (State or Country) Fairville, Sanpete Co., Utah
 13. NAME John Henry Saline
 14. BIRTHPLACE (city or town) (State or Country) Finland
 15. MAIDEN NAME Susan Osborne
 16. BIRTHPLACE (city or town) (State or Country) England
 17. INFORMANT James La Roy Saline
 (Address) Pima, Arizona
 18. BURIAL, CREMATION, OR REMOVAL
 Place Pima Ariz Date Oct 12, 1938
 19. EMBALMER License No. _____ Signature _____
 FUNERAL DIRECTOR H. C. Rawson
 Address _____
 20. Filed _____ 19 38 Registrar W. H. Shattuck
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 10, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938 to October 10, 1938
 I last saw him alive on October 9, 1938; death is said to have occurred on the date stated above, at 10:00 A. M.
 The principal cause of death and related causes of importance were as follows:
Generalized Arterio Sclerosis
Arterio Sclerotic Heart Disease
& Hypertension
arterio nephrosclerosis
 Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. H. Shattuck M. D.
 (Address) Pima, Arizona