

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** 92  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 118  
City Globe No. Pine St. 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 1 yrs. 24 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Keith Arnold Watson How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Pine St. 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>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Dec. 4, 1938</u>	I HEREBY CERTIFY, That I attended deceased from <u>December 3, 1938</u> to <u>December 4, 1938</u> I last saw him alive on <u>December 4, 1938</u> ; death is said to have occurred on the date stated above, at <u>4:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Acute Pericarditis with effusion</u> <u>mesenteric lymphadenitis</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>Oct. 10, 1938</u>	7. AGE Years _____ Months <u>1</u> Days <u>24</u> If LESS than 1 day, _____ hrs. or _____ min.	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. _____	
12. BIRTHPLACE (city or town) <u>Miami</u> (State or Country) <u>Arizona</u>				Date of Onset _____	
13. NAME <u>Kenneth L. Watson</u>				Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) <u>Miami</u> (State or Country) <u>Arizona</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u>	
15. MAIDEN NAME <u>Mar Payne</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. _____	
16. BIRTHPLACE (city or town) <u>Utah</u> (State or Country) _____				Manner of injury _____ Nature of injury _____	
17. INFORMANT (Address) <u>Globe</u> <u>Arizona</u> <u>Kenneth L. Watson</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
18. BURIAL, CREMATION, OR DISSEMINATION Place <u>Pinal Cemetery</u> Date <u>Dec. 5, 1938</u>				(Signed) <u>Norman Wheeler</u> , M. D. Address <u>Globe, Arizona</u>	
19. EMBALMER License No. <u>18-4</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>10-A</u> Signature <u>[Signature]</u> Address <u>Globe Arizona</u>				20. Filed <u>Dec. 5 1938</u> Registrar <u>[Signature]</u>	