

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

State File No. 46

1. PLACE OF DEATH
 County DeLa State ARIZONA
 Township _____ or Village _____
 City Miami No. M. J. Hospital 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 20 yrs. 0 mos. 0 ds. How long in U. S. of foreign birth? 35 yrs. 0 mos. 0 ds.
 2. FULL NAME George R. Rigby How long in State when death occurred 35 yrs. 0 mos. 0 ds.
 (a) Residence: No. 146 Copper St. St. _____ Ward _____
 (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) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Rigby

6. DATE OF BIRTH (month, day, and year) January 1879

7. AGE Years 59 Months 6 Days 9 If LESS than 1 day... hrs. or... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Co.

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) East Liverpool Ohio

13. NAME Byron Rigby

14. BIRTHPLACE (city or town) (State or Country) Unknown Unknown

15. MAIDEN NAME Mary Rowe

16. BIRTHPLACE (city or town) (State or Country) Unknown Unknown

17. INFORMANT Barbara Rigby (Address) Miami Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Crem. Cem. Date Jan. 7, 1939

19. EMBALMER License No. _____ Signature W. H. McCallan
 FUNERAL DIRECTOR Miles Martiny Address Miami Ariz

20. Filed Jan 4, 1939 Stelton D. Brayton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1939 to Jan 2, 1939
 I last saw him alive on Jan 2, 1939; death is said to have occurred on the date stated above, at 6:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy Date of Onset 1-2-39
Cerebral hemorrhage
 Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Byron Rigby D.
 (Address) Miami Ariz