

1245

MARGIN RESERVED FOR BINDING
EVERY ITEM OF RECORD. PHYSICIANS EXACTLY CLASSIFIED. EXACT INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS EXACTLY CLASSIFIED. EXACT INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 63

1. PLACE OF DEATH
County Gila State ARIZONA
Township Missouri or Village Insurrection Hospital St. _____ Ward _____
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? 3 yrs. _____ mos. _____ ds.

2. FULL NAME Joe Etta Mison
(a) Residence No. Globe R. 1# (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) _____
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Feb 26 1935
7. AGE Years 3 Months 11 Days 29 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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Texarkana (State or Country) _____

MOTHER FATHER
13. NAME Joe L. Mison
14. BIRTHPLACE (city or town) Texarkana (State or Country) _____
16. MAIDEN NAME Etta Mae Benton
16. BIRTHPLACE (city or town) Bozeman (State or Country) _____

17. INFORMANT (Address) Joe L. Mison
18. BURIAL (CREMATION OR REMOVAL) Place Funeral Cem. Globe Date 2-26-39
19. EMBALMER License No. _____ Signature Wm. B. Walls
FUNERAL DIRECTOR Wm. B. Walls Address Box 1298, Miami, Arizona
20. Filed Feb 27, 1939

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Feb 24, 1939
22. I HEREBY CERTIFY That I attended deceased from Feb. 24, 1939 to Feb. 24, 1939
I last saw her alive on Feb. 24, 1939 death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Extensive 2nd and 3rd degree burns of body and upper and lower extremities
Other contributory causes of importance:
Shock
Date of Onset 2-24-39

Name of operation _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? _____ Date of injury 2-24-39
Where did injury occur? Central Heights, Arizona (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
In the home
Manner of injury Undetermined
Nature of injury Extensive burns
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Wm. B. Walls, M. D.
(Address) Box 1298, Miami, Arizona

Back of Certificate to be used for any Additional Information