

1247

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 properly classified. Exact state should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS  
**ARIZONA**

State File No. 65  
Registered No. 18

1. PLACE OF DEATH  
County Gila State Arizona  
Township Globe or Village \_\_\_\_\_  
City Globe (If death occurred in a hospital or institution, give its NAME instead of street and number) No. Globe County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred unknown ds. How long in U. S. of foreign birth unknown yrs. mos. ds.  
How long in State where death occurred? \_\_\_\_\_ yrs. mos. ds.

2. FULL NAME Frederick Odgers St. \_\_\_\_\_  
(a) Residence: No. Globe 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) \_\_\_\_\_  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None Unknown  
6. DATE OF BIRTH (month, day, and year) Aug. 19, 1884 (If LESS than 1 day..... hrs. or..... min.)  
7. AGE Year 55 Months 6 Days 9  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner  
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) (State or Country) England  
13. NAME Unknown  
14. BIRTHPLACE (city or town) (State or Country) \_\_\_\_\_  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (city or town) (State or Country) \_\_\_\_\_  
17. INFORMANT Mrs. Thelma Hawkins (Address) Globe Arizona  
18. BURIAL, CREMATION, OR REMOVAL Place Globe Cemetery Date 2/28/1939  
19. EMBALMER License No. \_\_\_\_\_ Signature W. H. McEller  
FUNERAL DIRECTOR W. H. McEller Address Globe Arizona  
20. Filed Feb 28 1939 Registrar Gene W. ...

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 2/26/1939  
22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1939 to 2-26, 1939  
I last saw him/her alive on 2-26, 1939; death is said to have occurred on the date stated above, 10:42 a.m.  
The principal cause of death and related causes of importance were as follows:  
Relapsing myocarditis  
hepatitis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ M. D.  
(Signed) R. J. Kennedy  
(Address) Globe Arizona

Back of Certificate to be used for any Additional Information

10M-6-12-36-MS-Form 1-100% RAG