1249

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

67

1. PLACE OF DEATH

County Gila State ARIZONA State File No. Registered No. 22

Township or Village

City Globe No. 521 South Hill St. or 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 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Henry Vinyard How long in State when death occurred? 46 yrs. mos. ds.

(a) Residence: No. 521 South Hill St. St., Ward (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Vinyard

6. DATE OF BIRTH (month, day, and year) April 21, 1882

7. AGE Years 46 Months 10 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Roosevelt Arizona

FATHER

13. NAME John Allen Vinyard

14. BIRTHPLACE (city or town) (State or Country) Indian Territory

MOTHER

15. MAIDEN NAME Mary Elizabeth Harer

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

17. INFORMANT (Address) Mrs. Mary Vinyard Globe Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Globe Cemetery Date March 2, 1939

19. EMBALMER License No. 18-A Signature Fred O. Jones

FUNERAL DIRECTOR License 10-A Fred O. Jones

Address Globe Arizona

20. Filed Mar. 2, 1939 Irene Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939, to Feb 27, 1939

I last saw him alive on Feb 27, 1939; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows: Date of Onset

Bronchopneumonia

Other contributory causes of importance: Alcoholic Cirrhosis of Liver & Ascites

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?

If so, specify

(Signed) Norman O. Wheeler, M. D.

(Address) Globe, Arizona

10M 1-7-38 MS Form 3 100% Rag

Back of Certificate to be used for any Additional Information