

1258

76

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. _____ Registered No. 19

1. PLACE OF DEATH
County Graham State ARIZONA
Township Thatcher. or Village _____
City Thatcher. No. _____ 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. 22 mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? 45 yrs. _____ mos. _____ ds.

2. FULL NAME James Alonzo Bleak
(a) Residence: No. Pima, Arizona. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Violet Ruth Bleak.</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>December 24,</u>		
7. AGE	Years <u>49</u>	Months <u>I</u>
	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Stockman</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 10, 1936</u>	
	11. Total time (years) spent in this occupation <u>22 yr.</u>	
12. BIRTHPLACE (city or town) <u>Mt. Carmel Kane</u> (State or Country) <u>County Utah</u>		
FATHER	13. NAME <u>Jos Gosnold Bleak</u>	
	14. BIRTHPLACE (city or town) <u>Salt Lake City.</u> (State or Country) <u>Utah.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Augusta Brown</u>	
	16. BIRTHPLACE (city or town) <u>Mt. Carmel Kane</u> (State or Country) <u>County Utah.</u>	
17. INFORMANT (Address) <u>Jos R. Bleak</u> <u>Pima, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima, Arizona</u> Date <u>Feb-14, 1939</u>		
19. EMBALMER { License No. _____ Signature <u>W. C. Rawson</u>		
FUNERAL DIRECTOR <u>W. C. Rawson</u> Address <u>Safford, Arizona</u>		
20. File <u>March 4, 1939</u> Registrar <u>W. C. Rawson</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12, 1939

22. I HEREBY CERTIFY That I attended deceased from February 8th, 1939 to February 12, 1939
I last saw him alive on February 12, 1939 death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis

Date of Onset _____ Yr. _____

Other contributory causes of importance: _____

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? _____ 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) J. W. Masterson
(Address) Safford, Arizona.

Back of Certificate to be used for any Additional Information