

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. **60**

1. PLACE OF DEATH
 County **Gila** State **ARIZONA** Registered No. **27**
 Township _____ or Village _____
 City **Globe** No. **Gila County Hospital** 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 **34** yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in state when death occurred? **34** yrs. _____ mos. _____ ds.

2. FULL NAME **John Ralston**
 (a) Residence: No. **North Broad** St. _____ Ward _____ (If non-resident give city or town and state)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed		21. DATE OF DEATH (month, day, and year) March 1, 1939	22. I HEREBY CERTIFY, That I attended deceased from Feb'y 6th, 1939 to March 1st, 1939 I last saw im alive on March 1st, 1939 ; death is said to have occurred on the date stated above, at 8-30 P. The principal cause of death and related causes of importance were as follows: Cancer of Pancreas
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ralson		6. DATE OF BIRTH (month, day, and year) 1856	7. AGE Years 82 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset Nov 1838	
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.		Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation None Date of _____	
12. BIRTHPLACE (city or town) (State or Country) Clarkville Penna.		13. NAME Samuel Ralston		What test confirmed diagnosis Symptoms Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or Country) Ohio		15. MAIDEN NAME Mary Kuntz		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.	
16. BIRTHPLACE (city or town) (State or Country) No record		17. INFORMANT (Address) Fred Ralson Modesta Calif.		Manner of injury _____ Nature of injury _____	
18. BURIAL PLACE (City or town) (State or Country) Globe Cemetary Date March 4, 1939		19. EMBALMER License No. 118-A Signature <i>[Signature]</i> FUNERAL DIRECTOR License IO-A Signature <i>[Signature]</i> Address Globe Arizona		24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____ (Signature) _____ M. D. (Address) Globe, Arizona	
20. Filed Mar. 4, 1939 Registrar <i>[Signature]</i>					