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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

1. PLACE OF DEATH      State File No. 71  
County Gila      State ARIZONA      Register No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami      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. 1 mos. 1 ds.      How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Alva Charloty Peabody      How long in State where death occurred 1 yrs. 6 mos. \_\_\_\_\_ ds.  
(a) Residence: No. 410 1/2 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)      (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>3-24-1939</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Katherine Peabody</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>March 24</u> , 19 <u>39</u> to <u>March 24</u> , 19 <u>39</u>			
6. DATE OF BIRTH (month, day, and year) <u>Sept 2 1979</u>				I last saw him alive on <u>March 24, 1939</u> ; death is said to have occurred on the date stated above, at <u>5:30 p.m.</u>			
7. AGE		Years <u>59</u>	Months <u>6</u>	Days <u>22</u>	The principal cause of death and related causes of importance were as follows:		
		If LESS than 1 day, _____ hrs. or _____ min.			<u>Pulmonary edema</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book Store</u>				Date of Onset <u>24 hrs.</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Keeper</u>						
	10. Date deceased last worked at this occupation (month and year) _____   Total time (years) spent in this occupation _____				Other contributory causes of importance:		
12. BIRTHPLACE (city or town) (State or Country) <u>Nebraska</u>				<u>Influenza</u>			
FATHER	13. NAME <u>Edwin Peabody</u>				Name of operation <u>None</u> Date of _____		
14. BIRTHPLACE (city or town) (State or Country) <u>New York</u>		What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
MOTHER	15. MAIDEN NAME <u>Mary Etta Crandall</u>				If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____      Date of injury _____, 19____		
16. BIRTHPLACE (city or town) (State or Country) <u>New York</u>		Where did injury occur? _____ (Specify city or town, county and State)					
17. INFORMANT (Address) <u>Mrs. Leo Hart Miami Ariz</u>		Specify whether injury occurred in industry, in home, or in public place.					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Final Cemetery</u> Date <u>3-27-39</u>		Manner of injury _____					
19. EMBALMER License No. _____ Signature <u>M. J. McEllan</u>		Nature of injury _____					
FUNERAL DIRECTOR Address <u>Miami Mortuary Miami Ariz</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
20. Filed <u>March 25 1939</u> Registrar <u>Henry S. Bayle</u>		If so, specify _____ (Signed) <u>Heenan D. Boyton</u> M. D.					
		(Address) <u>Miami Ariz</u>					

5M-7/6/38 Form 3 100% Rag      Back Certificate to be used for any Additional Information