

1973

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

Standard Certificate of Death

1. PLACE OF DEATH
 County Maricopa State ARIZONA Registered No. 3134
 Township Snowflake or Village _____
 City _____ 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 _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Joseph Dudley Hamblin How long in state when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence No. St. Johns St. _____ Ward _____ (if not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)			21. DATE OF DEATH (month, day, and year) <u>March 14, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Child</u>		6. DATE OF BIRTH (month, day, and year)			22. I HEREBY CERTIFY, That I attended deceased from <u>13. March, 1939, to 14. March, 1939</u>	
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	I last saw him alive on <u>10.30 March 13, 1939</u> ; death is said to have occurred on the date stated above, at <u>10.30 March 13, 1939</u> and <u>3.20 am March 14, 1939</u>	
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.			The principal cause of death and related causes of importance were as follows: <u>Distention of the heart</u> <u>Every since it was born.</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			Date of Onset	
12. BIRTHPLACE (city or town) (State or Country)		13. NAME <u>J. Dudley Hamblin</u>			Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or Country)		15. MAIDEN NAME <u>Marygrah Willis</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
16. BIRTHPLACE (city or town) (State or Country)		17. INFORMANT (Address) <u>Wilma Willis Snowflake</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
18. BURIAL, CREMATION OR REMOVAL Place <u>Snowflake</u> Date <u>March 19, 1939</u>		19. EMBALMER License No. _____ Signature _____			Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>	
20. Filed <u>March 19, 1939</u> <u>Hellie R. Freeman</u> Registrar		FUNERAL DIRECTOR <u>Bishop Henderson</u> Address <u>Snowflake</u>			Manner of injury _____ Nature of injury _____	
		24. Was disease or injury in any way related to occupation of deceased? <u>Hellie R. Freeman</u> <u>Snowflake, Ariz.</u> If so, specify _____ (Signed) <u>Phoebe B. Bauberman</u> M.D. (Address) <u>Snowflake Arizona</u>				