

2484

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 State File No. 278

1. PLACE OF DEATH
 County Mohave State ARIZONA Registered No. 25
 Township Kingman, Ariz. or Village _____
 City Kingman, Ariz. No. Mohave Gen 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 6 yrs. 6 mos. 6 ds. How long in U. S. if foreign birth? 21 yrs. 21 mos. 21 ds.
 2. FULL NAME Charles Henry Gryder How long in State when death occurred? 21 yrs. 21 mos. 21 ds.
 (a) Residence: No. Hackberry, Ariz. 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 OR RACE <u>Cauc.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>4 9 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jennie Gryder</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>April 3 1939</u> to <u>April 9 1939</u> I last saw him alive on <u>4 9 1939</u> ; death is said to have occurred on the date stated above, at <u>8 P</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>Dec. 27 1857</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>72</u>	Months <u>8</u>	Days <u>18</u>	If LESS than 1 day, hrs. or min.	Date of Onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deputy Sheriff</u>				<u>Toxemia from Chronic Prostatitis</u>	
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)				Name of operation _____ Date of _____	
11. Total time (years) spent in this occupation				What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Texas.</u>				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.	
13. NAME <u>Cornelius Gryder</u>				Manner of injury _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>				Nature of injury _____	
15. MAIDEN NAME <u>Unknown</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>				(Signed) <u>J. P. White</u> M. D. (Address) <u>Kingman, Arizona</u>	
17. INFORMANT <u>Mrs Chas. H Gryder</u> (Address) <u>Hackberry Ariz.</u>				20. Filed <u>4/10</u> , 19 <u>39</u> <u>Lillian M. Ballillo</u> Registrar	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hackberry, Ariz</u> Date <u>April 11 1939</u>				Back of Certificate to be used for any Additional Information	
19. EMBALMER { License No. _____ Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>Van Larter Mortuary 64A</u> Address _____					