[redacted]

470

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. 23

1. PLACE OF DEATH — State ARIZONA — Registered No. 3

County Yuma — State ..... or Village ..... or

Township ..... St., ..... Ward

City Somerton — No. ..... (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 Forest Greeley Wilson — How long in State when death occurred? IV yrs. ..... mos. ..... ds.

(a) Residence: No. Somerton, Arizona St., ..... Ward ..... (If non-resident give city or town and state)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Wilson

6. DATE OF BIRTH (month, day, and year) November 15th 1891

7. AGE — Years: 47 — Months: 4 — Days: 16 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Marion Co. (State or Country) Arkansas

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) ..... (State or Country)

MOTHER

15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) ..... (State or Country)

17. INFORMANT Lewis Wilson (Address) Gen. Del. Somerton Arizona

18. BURIAL, CREMATION, OR REMOVAL
Place Yuma, Cemetery Date 4/4/39 19..

19. EMBALMER — License No. ..... 19.. — Signature O. Johnson
FUNERAL DIRECTOR The Johnson Mortuary
Address Yuma, Arizona

20. Filed 4-4, 1939 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1 1939, 19..

22. I HEREBY CERTIFY, That I attended deceased from april 1, 1939, to april 1, 1939

I last saw him alive on april 1, 1939; death is said to have occurred on the date stated above, at 4:15 p.m.

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

| | Date of Onset |
|---|---|
| Pulmonary tuberculosis with cavitation. | 1930 |
| Tuberculous laryngitis. | 1939. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....

(Signed) A. L. Podolsky, M. D.
(Address) Somerton, Arizona

10M 1-7-38 MS Form 3 100% Rag

Back of Certificate to be used for any Additional Information