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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.

Arizona State Board of Health,
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County GILA State ARIZONA State File No. 94 / 63
 Township _____ or Village _____ Registered No. 63
 City GLOBE No. 801 BLAKE STREET 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 27 yrs. _____ mos. _____ ds. How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME GUS PATTERSON How long in State when death occurred? 27 yrs. _____ mos. _____ ds.
 (a) Residence: No. 801 BLAKE STREET 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 MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) MARRIED		21. DATE OF DEATH (month, day, and year) JULY 28, 1939	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRIETTA PATTERSON				22. I HEREBY CERTIFY That I attended deceased from <u>July 16, 1939</u> , to <u>July 28, 1939</u> last saw him alive on <u>July 27, 1939</u> ; death is said to have occurred on the date stated above, at <u>2:00 P.M.</u>	
6. DATE OF BIRTH (month, day, and year) 12/22/1872				The principal cause of death and related causes of importance were as follows: <u>Coronary Sclerosis</u> Date of Onset <u>July 16</u>	
7. AGE Years <u>66</u> Months <u>7</u> Days <u>6</u>		If LESS than 1 day, _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINIST HELPER				Other contributory causes of importance:	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COPPER MINE					
10. Date deceased last worked at this occupation (month and year) <u>1931</u>				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or Country) ST. PAUL MINNESOTA				Name of operation _____ Date of _____	
13. NAME NO RECORD				What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or Country) SWEDEN				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.	
15. MAIDEN NAME NO RECORD				Manner of injury _____	
16. BIRTHPLACE (city or town) (State or Country) SWEDEN				Nature of injury _____	
17. INFORMANT HENRIETTA PATTERSON (Address) 801 BLAKE ST., GLOBE, ARIZ.				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
18. BURIAL, CREMATION, OR REMOVAL BURIAL Place PINAL CEMETERY Date <u>7/30</u> , 19 <u>39</u>				If so, specify _____ (Signed) <u>R. D. Kennedy</u> , M. D. (Address) <u>Globe Ariz</u>	
19. EMBALMER License No. _____ Signature <u>[Signature]</u> FUNERAL DIRECTOR 10-A [Signature] Address GLOBE, ARIZONA					
20. Filed <u>July 31, 1939</u> Registrar <u>[Signature]</u>					