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**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

State File No. 110  
Registered No. 18

1. PLACE OF DEATH  
County Greenlee State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Moenie, Ariz. No. 100 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred, yrs. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ ds.  
2. FULL NAME Henry B. Smith How long in State when death occurred \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. 100 St. \_\_\_\_\_ Ward Greenlee Ariz.  
(Usual place of abode) (If non-resident give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Mar 17-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>4</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased reported at this occupation (month, day, and year) Mar 17-1880 11. Total time (years) Life

12. BIRTHPLACE (city or town) (State or Country) Greenlee, Ariz.

MOTHER | FATHER

13. NAME M. A. Smith

14. BIRTHPLACE (city or town) (State or Country) S. Carolina

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or Country) S. Carolina

17. INFORMANT Mrs. J. J. Smith  
(Address) 100 Greenlee Ariz.

18. BURIAL, CREMATION, OR REMOVAL  
Place Funerary Ariz. Date Aug 10 1939

19. EMBALMER { License No. 1667  
Signature J. J. McMillen  
FUNERAL DIRECTOR McMILLEN FUNERAL HOME  
Address 100 Greenlee Ariz.

20. Filed \_\_\_\_\_, 19 \_\_\_\_\_ Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27 1939 to July 30 1939  
I last saw him alive on July 31 1939; death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Gastric ulcer (Hemorrhage)

Date of Onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) O. P. Austin M. D.  
(Address) Moenie Ariz.

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.