

2038

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. 50	
1. PLACE OF DEATH		County <u>Gila</u> State <u>ARIZONA</u>		Registered No. <u>78</u>			
Township _____		City <u>Globe</u>		No. <u>Gila County Hosp</u>		Ward _____	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S. if foreign birth _____ yrs. _____ mos. _____ ds.		How long in State when death occurred? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>Sam J. Nichols</u>		(a) Residence: No. _____ St. _____		(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>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Oct 7 1939</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u>		6. DATE OF BIRTH (month, day, and year) <u>Sept 24, 1842</u>		22. I HEREBY CERTIFY, that I attended deceased from <u>Sept 1 1937</u> to <u>Oct 7 1939</u>			
7. AGE		Years <u>97</u>	Months <u>0</u>	Days <u>13</u>	I last saw <u>him</u> alive on <u>Oct 6 1939</u> ; death is said to have occurred on the date stated above, at <u>9 A. M.</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		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) (State or Country) <u>Memphis Tenn.</u>		13. NAME <u>Unknown</u>		14. BIRTHPLACE (city or town) (State or Country) <u>"</u>		15. MAIDEN NAME <u>"</u>	
16. BIRTHPLACE (city or town) (State or Country) <u>"</u>		17. INFORMANT <u>W. R. F. Lee</u> (Address) <u>Box 824 Globe</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe Cem</u> Date <u>10/10/1939</u>		19. EMBALMER License No. <u>247-A</u> Signature <u>John C. Salubry</u> FUNERAL DIRECTOR <u>Rita G. Miles</u> Address <u>Phoenix, Arizona</u>	
20. Filed <u>Sept 10 1939</u> Registrar <u>Gene Warrick</u>		21. DATE OF OPERATION _____ Date of _____		22. What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		23. If death was due to external cause (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.	
		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		If so, specify _____ (Signed) <u>no Wheeler</u> M. D. (Address) <u>Globe Ariz. Ave.</u>			