

2041

53

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

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City Globe No. 159 Globe St. 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: 41 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME John Randolph Rice How long in state when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: 159 Globe St. (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) Married

5a. If married, widowed, or divorced
HUSBAND of Mrs. Lola Rice
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 12, 1875

7. AGE Years 64 Months 5 Days 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoist-engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pataluma
(State or Country) Calif.

13. NAME Patrick Rice

14. BIRTHPLACE (city or town) Ireland
(State or Country) _____

15. MAIDEN NAME Eliza Ann Glass

16. BIRTHPLACE (city or town) Ireland
(State or Country) _____

17. INFORMANT Mrs. Lola Rice
(Address) Globe Ariz.

18. BURIAL ~~XXXXXXXXXXXXXX~~
Place Globe Cemetery Date Oct. 12, 1939

19. EMBALMER { License No. 18-A
Signature [Signature]
FUNERAL DIRECTOR License 10-A [Signature]
Address Globe Arizona

20. Filed Oct. 12, 1939 [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
Paralysis agitans
Date of Onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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, specify no
(Signed) [Signature] M. D.
(Address) Globe Ariz.