

2400

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. _____ Registered No. **6**

1. PLACE OF DEATH
 County Apache State ARIZONA
 Township _____ or Village _____
 City St. Johns, Ariz. No. _____ 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 How long in State when death occurred? yrs. mos. ds.

2. FULL NAME Brigham Young Duke
 (a) Residence: No. St. Johns, Ariz. St. _____ Ward _____
 (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 Minnie Lee, legit (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1866

7. AGE Years 73 Months 9 Days _____ If LESS than 1 day, hrs. or min. _____

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

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) 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or Country) Alvarado, Texas

13. NAME Dr. John Duke

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

15. MAIDEN NAME Martha Byers

16. BIRTHPLACE (city or town) (State or Country) Texas

17. INFORMANT (Address) Mrs. Martha D. County St. Johns, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns, Ariz. Date 11-10, 1939

19. EMBALMER (License No. _____) Signature _____ FUNERAL DIRECTOR Carl Anderson Address St. Johns, Ariz.

20. Filed 11-8, 1939 Registrar Gerald C. Lewis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1939, to Nov 8, 1939
 I last saw him alive on 11 5, 1939; death is said to have occurred on the date stated above, at 10 P. m.

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

myocardium
uremia

Other contributory causes of importance:
proliferative hypertrophy
cystitis
nephritis

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? _____

If so, specify _____
 (Signed) Gerald C. Lewis, M. D.
 (Address) St. Johns, Arizona