

2545

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. 59
 Township _____ or Village _____ Registered No. 91
 City Globe No. Gila County Hospital 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 57 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
 2. FULL NAME Nicholas K. Remington How long in State when death occurred? 57 yrs. mos. da.
 (a) Residence: County Hospital (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>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Nov. 1, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 1, 1939</u> to <u>Nov 1, 1939</u> I last saw him alive on <u>Oct 30, 1939</u> ; death is said to have occurred on the date stated above, at <u>8 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Myocardial Degeneration</u> Date of Onset _____	
6. DATE OF BIRTH (month, day, and year) <u>Jan. 1, 1860</u>				Other contributory causes of importance: <u>nephritis</u>	
7. AGE	Years <u>79</u>	Months <u>10</u>	Days <u>6</u>	Name of operation _____ Date of _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				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)	
10. Date deceased last worked at this occupation (month and year) _____				Specify whether injury occurred in industry, in home, or in public place _____	
11. Total time (years) spent in this occupation _____				Manner of injury _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Iowa</u>				Nature of injury _____	
13. NAME <u>No record</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
14. BIRTHPLACE (city or town) (State or Country) _____				If 'so, specify _____	
15. MAIDEN NAME <u>No record</u>				(Signed) <u>N. D. Wheeler</u> M. D.	
16. BIRTHPLACE (city or town) (State or Country) _____				(Address) <u>Globe Ariz.</u>	
17. INFORMANT <u>County Hospital records</u> (Address) <u>Globe Ariz.</u>				20. Filed <u>Dec. 9, 1939</u> <u>Gene Harslee</u> Registrar	
18. BURIAL <u>XXXXXXXXXXXXXXXXXX</u> Place <u>Globe Cemetery</u> Date <u>Nov. 14, 1939</u>					
19. EMBALMER { License No. <u>118-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>10-A</u> <u>[Signature]</u> Address <u>Globe Ariz.</u>					

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.