

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. 62

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. 17  
 Township Hayden or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ (If death occurred in a hospital or institution, give the NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. 10 mos. 14 ds. How long in U.S. if foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 How long in State when death occurred 14 yrs. 10 mos. \_\_\_\_\_ ds.

2. FULL NAME Charles Thomas Pugh  
 (a) Residence: No. Hayden Arizona St. \_\_\_\_\_ W. \_\_\_\_\_ (If non-resident, give city or town and state)

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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 \_\_\_\_\_ (or) WIFE of Mary Pugh DOUGLASS

6. DATE OF BIRTH (month, day, and year) Oct 13 1866  
 7. AGE Years 73 Months 1 Days 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Retired  
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or Country) Lowry Iowa

MOTHER  
 13. NAME Edmund Reed  
 14. BIRTHPLACE (city or town) (State or Country) Indianapolis  
 15. MAIDEN NAME Eliza White  
 16. BIRTHPLACE (city or town) (State or Country) Indianapolis

FATHER  
 17. INFORMANT (Address) Hayden  
 18. BURIAL, CREMATION, OR REMOVAL Place New Orleans, La. Date Dec 7, 1939

19. EMBALMER License No. 487 Signature \_\_\_\_\_  
 FUNERAL DIRECTOR P. L. Hutton Address New Orleans, La.  
 20. Filed Dec 5, 1939 Registrar P. D. Jack

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 5, 1939  
 22. I HEREBY CERTIFY, that I attended deceased from December 5, 1939  
 I last saw him alive on December 5, 1939; death as said to have occurred on the date stated above, at 9:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of Onset 1936  
 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) Charles P. Hutton M. D.  
 (Address) Hayden, Arizona