

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 properly classified. Exact state should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** Bureau of Vital Statistics

1. PLACE OF DEATH Gila County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 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 Frank E. Rice
 (a) Residence: No. Miami, Arizona St. _____ Ward _____ (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>12-19</u> , 19 <u>39</u>	I HEREBY CERTIFY, That I attended deceased from <u>12-1-</u> 19 <u>34</u> to <u>12-19</u> , 19 <u>39</u> I last saw him alive on <u>12-19</u> , 19 <u>39</u> , death is/said to have occurred on the date stated above, at <u>12:30 P.M.</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>1891</u>	7. AGE <u>About 48</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</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 _____	22. The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>
12. BIRTHPLACE (city or town) (State or Country) <u>Colorado</u>		13. NAME <u>Unknown</u>		14. BIRTHPLACE (city or town) (State or Country) _____		15. MAIDEN NAME _____		16. BIRTHPLACE (city or town) (State or Country) _____	
17. INFORMANT <u>Sadie Wright</u> (Address) <u>Miami, Arizona</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Moral Cemetery</u> Date <u>12-21</u> , 19 <u>39</u>		19. EMBALMER License No. _____ Signature <u>John C. Salisbury</u>		20. FUNERAL DIRECTOR Address <u>Miami, Arizona</u>		20. Filed <u>Dec 20</u> , 19 <u>39</u> <u>Nelson W. Beyston</u> Registrar	
Name of operation _____ Date of _____					What test confirmed diagnosis <u>Obit</u> Was there an autopsy? <u>Yes</u>				
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) <u>M. D.</u> (Address) <u>Miami, Arizona</u>									