

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 72
Registered No. 11

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village Tonto Basin Ward _____
City _____ (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 3 yrs. 0 mos. 0 ds. How long in U. S. if foreign birth? 22 yrs. 0 mos. 0 ds.
How long in State when death occurred? 22 yrs. 0 mos. 0 ds.

2. FULL NAME Thomas J. Malone St. _____ Ward _____
(a) Residence: No. Tonto Basin (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) widowed

5a. If married, widowed, or divorced, HUSBAND of _____ (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 75

OCCUPATION

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. _____

10. Date deceased last worked at this occupation (month and year) 3 years ago 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Beverly (State or Country) Mass

MOTHER

13. NAME Thomas B. Malone

14. BIRTHPLACE (city or town) unknown (State or Country) Mass

15. MAIDEN NAME Nancy Bowdoin

16. BIRTHPLACE (city or town) unknown (State or Country) Mass

17. INFORMANT Earl Stephens (Address) Tonto Basin Ariz

18. BURIAL, CREMATION, OR REMOVAL
Place Beverly Mass Date 12-26, 1939

19. EMBALMER License No. 18 H. Signature E. H. Jones
FUNERAL DIRECTOR W. H. Jones #10 Address White, Arizona

20. Filed Jan 23, 1939 Registrar Tom O. Bailey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____; death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:
No doctor in attendance. Dr. C. H. Castro performed examination after death.

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) Tom O. Bailey Local Reg. M. D. (Address) Tonto Basin Ariz