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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

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. 16
Township _____ or Village _____
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 25 yrs. 4 mos. 4 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME J. A. McDowell How long in State when death occurred 50 yrs. _____ mos. _____ ds.
(a) Residence: County Hospital (Usual place of abode) (If non-resident give city of 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>Jan. 5, 1940</u>	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>- - -</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1, 1940</u> to <u>Jan 5, 1940</u> Last saw him alive on <u>Jan 5, 1940</u> ; death is said to have occurred on the date stated above, at <u>2:45 PM</u> The principal cause of death and related causes of importance were as follows: <u>Asthma</u> <u>Acute Heart Failure</u> <u>Cerebral hemorrhage</u> Date of Onset <u>1938</u> <u>Jan 4</u> <u>Sept 17</u>	
6. DATE OF BIRTH (month, day, and year) <u>1872</u>				7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. <u>78</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			11. Total time (years) spent in this occupation _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (city or town) (State or Country) <u>No record</u>				Name of operation _____ Date of _____	
FATHER	13. NAME <u>No record</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
	14. BIRTHPLACE (city or town) (State or Country) _____			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 _____	
MOTHER	15. MAIDEN NAME <u>Norecord</u>			Manner of injury _____	
	16. BIRTHPLACE (city or town) (State or Country) _____			Nature of injury _____	
17. INFORMANT <u>Gila County Hospital</u> (Address) <u>Globe Arizona</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
18. BURIAL XXXXXXXXXXXXXXXXXXXX Place <u>Globe Cemetery</u> Date <u>Jan. 13, 1940</u>				(Signed) <u>R. D. Kennedy</u> M. D. (Address) <u>Globe Ariz</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 Arizona</u>				20. Filed <u>Jan 19, 1940</u> <u>[Signature]</u> Registrar	