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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 Yavapai
Township _____
City _____

State ARIZONA
or Village Pine

State File No. 114
Registered No. 129

(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 20 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME James O. McBridge How long in State when death occurred 20 yrs. 0 mos. 0 ds.
(a) Residence: No. Pine Ariz St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of Isabell McBridge (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec 11 - 1866

7. AGE Years 73 Months 1 Days 14 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. _____

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

12. BIRTHPLACE (city or town) (State or Country) Utah

13. NAME James O. McBridge

14. BIRTHPLACE (city or town) (State or Country) Utah

15. MAIDEN NAME Mary E. Clark

16. BIRTHPLACE (city or town) (State or Country) Utah

17. INFORMANT Andrew McBridge (Address) Salmonville Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Pine Ariz Date Jan 26 1940

19. EMBALMER { License No. _____ Signator J. P. Carson

FUNERAL DIRECTOR Address Hayfork Ariz

20. Filed Jan 9 1940 Registrar J. P. Carson (Address) Pine Ariz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1940

22. I HEREBY CERTIFY, That I attended deceased from 1 - 1 1940 to 1 - 24 1940

I last saw him alive on 1/24 1940; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows: _____

acute gastritis due to arteriosclerosis Date of Onset 1/1/40

Other contributory causes of importance: 20

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? No

If so, specify _____ (Signed) M. O. Clark M. D.

(Address) Pine Ariz