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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 State ARIZONA Registered No. 19
Township _____ or Village Pima _____ or _____
City _____ No. _____ 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 37 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Geo. Edwin Bryce How long in State when death occurred? 56 yrs. _____ mos. _____ ds.
(a) Residence: Pima (Usual place of abode) _____ (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>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Feb 16, 1940</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Sarah Bryce</u> (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 11th</u> , 19 <u>40</u> , to <u>Feb 16</u> —, 19 <u>40</u> I last saw him alive on <u>Feb 16</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>3.00</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Feb 11th</u>			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 22-1863</u>					Date of Onset _____	
7. AGE	Years <u>76</u>	Months <u>2</u>	Days <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.	Other contributory causes of importance: <u>Hyperstatic pneumonia</u> <u>July 15th</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>					Name of operation <u>None</u> Date of _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					What test confirmed diagnosis <u>Smear</u> there an autopsy? <u>No</u>	
10. Date deceased last worked at this occupation (month and year) _____					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 19____ Where did injury occur? <u>✓</u> (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 _____	
11. Total time (years) spent in this occupation _____					24. Was disease or injury in any way related to occupation of deceased? <u>✓</u> If so, specify _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Utah</u>					(Signed) <u>Lyell B. Jones</u> M. D. (Address) <u>218 Central - So. Pinal, Ariz.</u>	
13. NAME <u>Ebenizer Bryce</u>					20. File <u>Mar 4, 1940</u> Registrar <u>W. C. Ray</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>Scotland</u>					19. EMBALMER License No. _____ Signature _____ FUNERAL DIRECTOR <u>W. C. Ray</u> Address <u>So. Pinal</u>	
15. MAIDEN NAME <u>Unknown</u>					18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima</u> Date <u>Feb. 17, 1940</u>	
16. BIRTHPLACE (city or town) (State or Country) _____					17. INFORMANT (Address) <u>Gada Bryce</u> <u>Pima Ariz</u>	

10M-5-25-39 A.P. Form 3 100% Rat. Back of Certificate to be used for any Additional Information