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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 EXACTLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 84

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. _____
Township Inspiration or Village _____ Ward _____
City Inspiration No. #70 (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 32 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds.
How long in State when death occurred 32 yrs. mos. ds.

2. FULL NAME James F. McManis
(a) Residence: No. #70 Inspiration St. _____ Ward _____ (if non-resident give city or town and state)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Edna V. McManis</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>June 5, 1878</u>		
7. AGE	Years <u>61</u>	Months <u>9</u>
	Days <u>12</u>	If LESS than 1 day _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Asst. Chief Waterman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Copper Mine</u>	
	10. Date deceased last worked at this occupation (month and year) <u>3-17-40</u>	
	11. Total time (years) spent in this occupation <u>3</u>	
12. BIRTHPLACE (city or town) (State or Country) <u>Iowa</u>		
MOTHER	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>Mrs. Nellie Jones</u> (Address) <u>Inspiration, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Masonic Plot - Pinal</u> Date <u>3-20, 1940</u>		
19. EMBALMER { License No. <u>B-42-A</u> Signature <u>John C. Salisbury</u> FUNERAL DIRECTOR <u>Rita E. Miles</u> Address <u>Inspiration, Arizona</u>		
20. Filed <u>3-19, 1940</u> Registrar <u>Nelson D. Beaton</u> (Address) <u>Inspiration, Arizona</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-17, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1939, to March 17, 1940
I last saw him alive on March 10, 1940; death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of Onset June 1898

Other contributory causes of importance:
Arterio Sclerosis

Name of operation None Date of _____
What test confirmed diagnosis None Was there an autopsy? No

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) John Hagan M. D.
(Address) Inspiration, Arizona

Back of Certificate to be used for any Additional Information