

9761

**Kennedy**  
 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 <u>Gila</u>		State <u>ARIZONA</u>	
Township		City <u>Globe</u>		No. <u>400 Blake St.</u>	
Length of residence in city or town where death occurred <u>28</u> yrs. mos. ds.		How long in U. S. if of foreign birth <u>33</u> yrs. mos. ds.		Registered No. <u>28</u>	
2. FULL NAME <u>John Radich</u>		(a) Residence: <u>400 Blake St.</u>		Soc. Sec. Number, None so they claim.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	21. DATE OF DEATH (month, day, and year) <u>March 24, 1940</u>			
5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widower</u>		22. I HEREBY CERTIFY That I attended deceased from <u>1940</u> to <u>March 24, 1940</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Julia Radich, Deceased</u> (or) WIFE of		I last saw him alive on <u>March 23, 1940</u> ; death is said to have occurred on the date stated above, at <u>1:00 AM</u>			
6. DATE OF BIRTH (month, day, and year) <u>No Record</u>		The principal cause of death and related causes of importance were as follows:			
7. AGE <u>51</u> Years Months Days	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		11. Total time (years) spent in this occupation		Date of Onset <u>1930</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: <u>Sclerosis of lung standing</u>			
10. Date deceased last worked at this occupation (month and year)		Name of operation Date of			
12. BIRTHPLACE (city or town) (State or Country) <u>Yugo Slavia</u>		What test confirmed diagnosis? Was there an autopsy?			
13. NAME <u>George Radich</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19			
14. BIRTHPLACE (city or town) (State or Country) <u>Austria</u>		Where did injury occur? (Specify city or town, county and State)			
15. MAIDEN NAME <u>Jana Raugriz</u>		Specify whether injury occurred in industry, in home, or in public place			
16. BIRTHPLACE (city or town) (State or Country) <u>Austria</u>		Manner of injury			
17. INFORMANT <u>Jack Radich</u> (Address) <u>Nevada City, California.</u>		Nature of injury			
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Pinal Cemetery</u> Date <u>3/27/40</u>		24. Was disease or injury in any way related to occupation of deceased?			
19. EMBALMER License No. <u>18-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>10-A</u> Signature <u>[Signature]</u> Address <u>Globe, Arizona</u>		If so, specify			
20. Filed <u>Mar. 27, 1940</u> Registrar <u>[Signature]</u>		(Signed) <u>R. O. Kennedy</u> M. D. (Address) <u>Globe</u>			