

2320

20015

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

State File No. 718

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. \_\_\_\_\_  
 Township Claypool or Village \_\_\_\_\_  
 City Claypool No. 204 Copper St. 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... yrs. 1 mos. 14 ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 How long in State when death occurred? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 2. FULL NAME Henry Myers Showlow, Arizona  
 (a) Residence: \_\_\_\_\_ (Usual place of abode) (If non-resident give city or town and state)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <b>Married</b>
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Ora Myers</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>3/15/1859</u>		
7. AGE	Years <b>81</b>	Months <b>0</b>
	Days <b>18</b>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Stock Raiser</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Retired 20 yrs.</b>	
	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) <u>Alabama</u>		
MOTHER FATHER	13. NAME <u>No Record</u>	
	14. BIRTHPLACE (city or town) (State or Country) <u>No Record</u>	
	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (city or town) (State or Country) <u>No Record</u>	
17. INFORMANT <u>Mrs. Ora Myers</u> (Address) <u>Showlow, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u> Place <u>Globe Cemetery</u> Date <u>4/5/40</u> 19. _____		
19. EMBALMER { License No. <u>18-A</u> Signature <u>Fred O. Jones</u> FUNERAL DIRECTOR License <u>10-A</u> Signature <u>Fred O. Jones</u> Address <u>Globe, Arizona</u> (Signature) _____ M. D.		
20. Filed <u>4-4</u> 19 <u>40</u> <u>Nelson D. Bryan</u> Registrar (Address) _____		

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MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1940 4-3 1940  
 I last saw him alive on 4-2 1940 death is 4:15 PM  
 said to have occurred on the date stated above, at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Endocarditis  
 Other contributory causes of importance: \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 \_\_\_\_\_ M. D.