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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

State File No. 84

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami No. Miami-Inspiration Hospital 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. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Baby Quarles How long in State when death occurred? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED, or DIVORCED. (Write the word) _____
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) 4/3/40
 7. AGE Years _____ Months 0 Days 1 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Miami Arizona (State or Country)
 MOTHER
 13. NAME Richard L. Quarles
 14. BIRTHPLACE (city or town) Roosevelt, Arizona (State or Country)
 FATHER
 15. MAIDEN NAME Leona Jones
 16. BIRTHPLACE (city or town) Gisela Arizona (State or Country)
 17. INFORMANT Richard L. Quarles (Address) Central Heights, Arizona
 18. BURIAL, CREMATION, OR REMOVAL Burial Place Globe Cemetery Date 4/5/40, 19____
 19. EMBALMER { License No. None Signature _____
 FUNERAL DIRECTOR License 10-A Fred R. Paul Address Globe, Arizona
 20. Filed April 13, 1940 Registrar Nelson J. Taylor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4 1940
 22. I HEREBY CERTIFY, That I attended deceased from 4-3-46, 19____, to 4-4-40, 19____. I last saw him alive on 4-4-40, 19____; death is said to have occurred on the date stated above, at 2 PM.
 The principal cause of death and related causes of importance were as follows: Prematurity Date of Onset _____
 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 _____ (Signed) J. C. Harris, M. D. (Address) Miami, Arizona