

0335

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 98
Registered No. 50

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City Globe No. Gila County Hospital 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 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
How long in State when death occurred 3 yrs. _____ mos. _____ ds.

2. FULL NAME W. F. Richards
(a) Residence: No. Gibson St. Miami St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 23, 1886

7. AGE	Years	Months	Days	If LESS than
	<u>75</u>		<u>6</u>	1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

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) New Orleans
(State or Country) Louisiana

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or Country) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or Country) _____

17. INFORMANT Hospital Records
(Address) Gila County Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Globe, Ariz. Date 5/2/49 19. _____

19. EMBALMER { License No. _____
Signature [Signature]

FUNERAL DIRECTOR Rita S. Miles
Address Globe, Arizona

20. Filed May 2, 1949 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-29, 1949

22. I HEREBY CERTIFY, That I attended deceased from 4/11, 1940, to 4/29, 1940
I last saw him alive on 4/29, 1940; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic Endocarditis
Chronic nephritis

Date of Onset 1935

Other contributory causes of importance
old age - with general debility & emaciation

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 Obstructed
(Signed) [Signature] M. D.
(Address) Globe