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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

1. PLACE OF DEATH  
 County Navajo State ARIZONA State File No. 472  
 Township Prescott or Village \_\_\_\_\_ Registered No. 377-H  
 City Prescott No. Mary Hospital Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME in stead 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 James Harvey Wagoner How long in State when death occurred 46 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>July 16, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs M. C. Wagoner</u>					22. I HEREBY CERTIFY that I attended deceased from <u>July 16, 1934</u> to _____, 19____ I last saw him alive on <u>July 16, 1934</u> ; death is said to have occurred on the date stated above, at <u>7 P. M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec 27, 1888</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>46</u>	Months <u>6</u>	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset <u>?</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Other contributory causes of importance:	
	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)					
MOTHER	12. BIRTHPLACE (city or town) (state or country) <u>Phoenix Arizona</u>				Name of operation _____ Date of _____	
	13. NAME <u>R. W. Wagoner</u>				What test confirmed diagnosis? <u>Blod</u> Was there an autopsy? _____	
	14. BIRTHPLACE (city or town) (State or country) <u>Ill.</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
	15. MAIDEN NAME <u>Matilda Crosby</u>				Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Calif.</u>				Manner of injury _____	
	17. INFORMANT (Address) <u>Mrs. M. C. Wagoner Phoenix Ariz</u>				Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Phoenix Ariz</u> Date <u>7/17, 1934</u>					24. Was disease or injury in any way related to occupation of deceased? _____	
19. UNDERTAKER (Address) <u>W. B. McCallan Phoenix Ariz</u>					If so, specify <u>George Bassett</u> M. D. (Signed) _____ (Address) <u>Prescott, Arizona</u>	
20. Filed <u>July 18, 1934</u> Registrar _____						

FORM 4-28-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information