

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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

### Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_ Registered No. 54

1. PLACE OF DEATH  
 County Cochise State ARIZONA  
 Township Siabea or Village \_\_\_\_\_  
 City Siabea No. \_\_\_\_\_ 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. \_\_\_\_\_ mos. \_\_\_\_\_ 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 William J. Minketh  
 (a) Residence: No. Siabea, Arizona St. \_\_\_\_\_ Wa. \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state)

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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>single</u>			21. DATE OF DEATH (month, day, and year) <u>6/22</u> , 19 <u>39</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>June 20</u> , 19 <u>39</u> , to <u>June 22</u> , 19 <u>39</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 27 1878</u>				I last saw him alive on <u>June 20</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>10.4</u> a.m.		
7. AGE	Years <u>67</u>	Months <u>3</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:	Date of Onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>					
	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) (State or Country) <u>California</u>						
13. NAME <u>W. W. Minketh</u>						
MOTHER	14. BIRTHPLACE (city or town) (State or Country) <u>Missouri</u>					
	15. MAIDEN NAME <u>Rebecca Potter</u>					
FATHER	16. BIRTHPLACE (city or town) (State or Country) <u>Missouri</u>					
	17. INFORMANT <u>W. J. Cleveland</u> (Address) <u>Siabea, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Siabea, Arizona</u> Date <u>6-25, 1939</u>						
19. EMBALMER		License No. <u>552-H</u>				
FUNERAL DIRECTOR		Signature <u>James Allison</u> <u>57-A</u>				
Address <u>Siabea, Arizona</u>						
20. Filed <u>June 24, 1939</u> <u>D. B. Moon</u> Registrar						
						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. _____
						24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
						Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>No</u>
						Manner of injury _____ Nature of injury _____
						If so, specify _____ (Signed) <u>Charlton Jay</u> M. D. (Address) <u>Bushy Ariz</u>