

2019

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. This is a permanent record. Every item of information should be carefully checked. This is a permanent record.

1. PLACE OF DEATH: Cochise County, Arizona, St. David. 2. FULL NAME: Margaret Louisa Goodman. (a) Residence No. (Usual place of abode). Length of residence in city or town where death occurred.

PERSONAL AND STATISTICAL PARTICULARS. 3. SEX: Female. 4. COLOR or RACE: White. 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single. 6. DATE OF BIRTH: Sept. 15-1892. 7. AGE: 1 year, 2 months, 11 days. 8. OCCUPATION OF DECEASED. 9. BIRTHPLACE: St. David, Cochise, Arizona. 10. NAME OF FATHER: W.G. Goodman. 11. BIRTHPLACE OF FATHER: Salt Lake City, Utah. 12. MAIDEN NAME OF MOTHER: Louise Ann Reed. 13. BIRTHPLACE OF MOTHER: Salem, Utah. 14. Informant: Matthew Lee Goodman. 15. Filed: Nov 19 1893 J. McArthur Registrar.

MEDICAL CERTIFICATE OF DEATH. 16. DATE OF DEATH: Nov 19 1893. 17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1893 to Nov. 19, 1893 that I last saw h. alive on Nov. 19, 1893 and that death occurred, on the date stated above, at. The CAUSE OF DEATH* was as follows: Summer Complaint. CONTRIBUTORY (Secondary). 18. Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) Dr. Grovesbeck, M.D. 19. PLACE OF BURIAL, CREMATION OR REMOVAL: St. David. DATE OF BURIAL: Nov 20 1893. ADDRESS: St. David. 20. UNDERTAKER: Bq Family.