

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. ~~571~~
County Registered No. 365
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF DEATH

No. Calumet Hospital St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH
County Cochise
District Douglas
Town Douglas
Or City _____

FULL NAME Alpha O Ward

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Sept 27</u> 191 <u>5</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>April 9</u> 18 <u>73</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Sept 20</u> 191 <u>5</u> to <u>Sept 27</u> 191 <u>5</u> ; that I last saw h <u>er</u> alive on <u>Sept 27</u> 191 <u>5</u> , and that death occurred on the date stated above at <u>1 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Carcinoma uteri</u>	
AGE <u>42</u> yrs. <u>6</u> mos. <u>18</u> days hrs., or ____ min.			Was disease contracted in Arizona? <u>Yes</u> If not, where _____	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY <u>Surgical shock</u> (Duration) ____ yrs. ____ mos. <u>4</u> days	
BIRTHPLACE (State or country) <u>Colorado</u>			(Signed) <u>E. W. Adairson</u> <u>9/29</u> 191 <u>5</u> (Address) <u>Douglas Ariz.</u>	
PARENTS	NAME OF FATHER <u>H. H. Thrasen</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Pennsylvania</u>		LENGTH OF RESIDENCE At place of death ____ yrs. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ ds.	
	MAIDEN NAME OF MOTHER <u>unknown</u>		Former or Usual Residence _____	
	BIRTHPLACE OF MOTHER (State or Country) <u>Ohio</u>		FILED <u>9/29</u> 191 <u>5</u> <u>W. J. [unclear]</u> Local Registrar	
The Above Is True to the Best of My Knowledge (Informant) <u>E. M. Ward</u> (Address) <u>1434 E. Ave. Douglas Ariz.</u>			FILED <u>Oct 29</u> 191 <u>5</u> <u>Dr. R. B. Patton</u> County Registrar	
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
UNDERTAKER <u>A. J. Ferguson</u>		ADDRESS <u>526 - 11 St</u>		