

759

FILL OUT ALL BLANKS. 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.

242 V

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 509
County Registered No. 190
Local Registrar's No. _____

PLACE OF DEATH
County Yuma
District Moore
Town Florence
Or City _____

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

FULL NAME Caroline Phy

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH		
DATE OF BIRTH			<u>Nov. 3</u> 19 <u>15</u> (Month) (Day) (Year)		
AGE		If less than 1 day	I hereby certify, that I attended deceased from <u>Oct. 14</u> , 19 <u>15</u> to <u>Nov. 3</u> 19 <u>15</u> ; that I last saw h <u>er</u> alive on <u>Nov. 3</u> , 19 <u>15</u> , and that death occurred on the date stated above at <u>11 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Carbolic Acid</u>		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			(Duration) _____ yrs. _____ mos. _____ days		
BIRTHPLACE (State or country)	<u>Missouri</u>		Was disease contracted in Arizona? _____ If not, where? _____		
NAME OF FATHER	<u>Sam Ruddy</u>		CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days		
BIRTHPLACE OF FATHER (State or country)			(Signed) <u>W. G. Ruddy</u> 191____ (Address)		
MAIDEN NAME OF MOTHER			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER (State or country)			LENGTH OF RESIDENCE		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
(Informant)	<u>Mrs. E. E. Piper</u>		Former or Usual Residence _____		
(Address)			Filed <u>Nov. 5</u> 19 <u>15</u> <u>W. G. Ruddy</u> Local Registrar		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		Filed <u>1-19</u> 19 <u>16</u> <u>Geo. F. Huffman</u> County Registrar		
<u>Presh Lane</u>	<u>Nov. 5</u> 19 <u>15</u>				
UNDERTAKER	ADDRESS				
<u>D. O. Martin</u>	<u>Florence</u>				