

2360

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.

PLACE OF DEATH

County Yuma
District _____
Town _____
Or City _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 564

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 89

Local Registrar's No. 2

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

FULL NAME Mrs. Prudence U. Brady

PERSONAL AND STATISTICAL PARTICULARS

SEX F Color or Race White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Feb 25 1888
(Month) (Day) (Year)

AGE 32 yrs. mos. days hrs., or min. If less than 1 day.....

OCCUPATION (a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Arkansas

NAME OF FATHER R. B. Golding

BIRTHPLACE OF FATHER (State or country) Alabama

MAIDEN NAME OF MOTHER Charity M^cComm

BIRTHPLACE OF MOTHER (State or country) Arkansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. S. Nettle M.D.

(Address) Colo. River Agency

PLACE OF BURIAL OR REMOVAL Parker DATE OF BURIAL OR REMOVAL March 12 1920

UNDERTAKER R. J. Martin ADDRESS Parker

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11 1920
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar 1 1920 to Mar 11 1920; that I last saw h. er alive on Mar 11 1920, and that death occurred on the date stated above at 6 P. M. The DISEASE or INJURY causing

Death was as follows: Chr. ulcerative phthisis -

(Duration) 4 yrs. mos. days

Was disease contracted in Arizona? Calif -
If not, where? _____

CONTRIBUTORY (Duration) _____ yrs. mos. days

(Signed) Anna Israel - Nettle M.D.
3/12 1920 (Address) Colo. River Ag.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE At place of death _____ yrs. mos. ds. In Arizona _____ yrs. mos. ds.

Former or Usual Residence California
Filed April 5 1920 Abbie E. Collins
Local Registrar

Filed 4/8 20 A. C. Barry
191 _____ County Registrar