9037

NOTICE.

f any person removed
t the State.

l Registrar and by him
burial or removal permit
State and the Regulations

upation is very important
many occupations a single
sician, Stenographer, Com-
ry Fireman, etc. But in
to know: (a) the kind of
refore an additional line is
needed. As examples: (a)
) Automobile factory. The
er return "Laborer," "Fore-
ions. As: "Day Laborer,"
without gainful employment
gainfully employed as "At
n up on account of DISEASE
f retired from business, that

SEASE CAUSING DEATH
T using always the same ac-
er (the only definite synonym
of "Croup"); Typhoid fever
ho pneumonia ("pneumonia,"
oneum, etc.; Carcinoma, Sar-
efinite; avoid use of "Tumor"
alvular heart disease; Chronic
current) affection need not be
death), 29 ds.; Broncho pneu-
minal conditions, such as "As-
pse," "Coma," "Convulsions,"
ion," "Heart failure," "Hemor-
mia," "Weakness," etc., when a
as "PUERPERAL septicemia,"
childbirth or miscarriage. State

ORIGINAL

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Yavapai

District Verde

Town or City Jerome No. ..... St.

(If death occurred in a Hospital or Institution, give its name instead of street and number)

State Index No. 417 X

County Registrar No. .....

Local Registrar's No. 19

16

FULL NAME Violet Shaw

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR OR RACE White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH Jan (Month) 21 (Day) 1917 (Year)

AGE 4 yrs. — mos. — days

If less than 1 day ✓ hrs., or ✓ min.

OCCUPATION

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

BIRTHPLACE (State or country) Arizona

NAME OF FATHER James Shaw

BIRTHPLACE OF FATHER (State or country) Nevada

MAIDEN NAME OF MOTHER Alexa Williams

BIRTHPLACE OF MOTHER (State or country) Texas

The above is true to the best of my knowledge.

(Informant) Mrs James Shaw

(Address) Jerome

Place of Burial or Removal Valley View

Date of Burial or Removal April 9 — 1922

Undertaker Scott & McMillan

Address Jerome

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 7 (Day) 1922 (Year)

I hereby certify, that I attended deceased from April 6th 1922, to April 7th, 1922; that I last saw her alive on April 7th, 1922, and that death occurred on the date stated above at 9:30 A. M. The DISEASE or INJURY causing death was as follows: General, 2nd. degree burns.

(Duration) ..... yrs. ..... mos. ..... days One

Was disease contracted in Arizona? Burned

If not, where? ✓

CONTRIBUTORY ✓

(Duration) ..... yrs. ..... mos. ..... days

(Signed) R. H. Thigpen M. D.

April 17th 1922 (Address) Jerome, Ariz.

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death ..... years ..... months ..... days

In Arizona ..... years ..... months ..... days

Former or Usual Residence .....

Filed APR 21 1922, 19 H W Lewis (W) Local Registrar.

A True Copy

Filed 5/19/ 19 John W. Fliess County Registrar.