

1755

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

482

1. County Yuma State Index - - No. _____
 District _____ County Registrar's No. 25
 Town or City Yuma ORIGINAL CERTIFICATE OF DEATH Local Registrar's - No. 16
 No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)

2. FULL NAME Virgie Emma White
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> (write the word)			16. DATE OF DEATH (month, day, and year) <u>Jan 27 1923</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Em White</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 9, 1923</u> to <u>January 27, 1923</u> , that I last saw her alive on <u>January 26, 1923</u> and that death occurred, on the date stated above, at <u>4:30 P.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Nephritis</u>		
6. DATE OF BIRTH (month, day and year) <u>Jan 30 1873</u>		7. AGE Years <u>49</u> Months <u>1</u> Days <u>27</u> IF LESS than 1 day hrs. or min.		(duration) <u>2</u> yrs. mos. ds.		
8. OCCUPATION OF DECEASED <u>Housewife</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				18. Where was disease contracted if not at place of death? Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>urinalysis</u> (Signed) <u>H. H. Kitcherside</u> , M. D. 19 (Address) _____ * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
9. BIRTHPLACE (city or town) (State or country) <u>West Va.</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Ariz</u> DATE OF BURIAL <u>1/29 1923</u>		
10. NAME OF FATHER <u>See Johnson</u>				20. UNDERTAKER <u>See Johnson</u> ADDRESS <u>Yuma Ariz</u>		
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>W. Va.</u>						
12. MAIDEN NAME OF MOTHER <u>Mary C. Kitcherside</u>						
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>W. Va.</u>						
14. Informant (Address) <u>See Johnson, Yuma Ariz</u>						
15. Filed <u>1-29</u> , 19 <u>23</u> <u>H. H. Kitcherside</u> Deputy Registrar						
V. S. No. 1						

Feb 9. D. W. C. E. Roanau