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tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The [illegible] trial worked on, [illegible] Street statement of OCCUPATION is very important. See instructions.

Death was caused by Senile, etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train*, [illegible]

PLACE OF DEATH

1. County Pinal
District
Town or city Florence

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 294
County Registrar's - No.
Local Registrar's - No. 33

No. (If death occurred in a hospital or institution, give its NAME instead of street number) St. Ward

2. FULL NAME Zilpha Hollimon

(a) Residence. No. Hotel Florence St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word):
5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Wm Hollimon
6. DATE OF BIRTH (month, day and year):
7. AGE: Years 80 | Months 9 | Days 9 | IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or Country) North Carolina

PARENTS

10. NAME OF FATHER John A. Corn
11. BIRTHPLACE OF FATHER (State or country) N Carolina (city or town)
12. MAIDEN NAME OF MOTHER Elizabeth McKee
13. BIRTHPLACE OF MOTHER (State or country) N Carolina (city or town)
14. Informant Leslie Lowe Seth
(Address) Florence Arizona
15. Filed Nov 5 1923 W. H. Hillman Local Registrar.
Filed Jan 1 1924 Geo Gaffney County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 1 1923
17. I HEREBY CERTIFY, That I attended deceased from Oct. 15 - 1923, 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m. The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration) mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? date of
Was there an autopsy?
What test confirmed diagnosis?
Signed F. P. Perkins M. D.
19 (Address)

* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Florence Cem. DATE OF BURIAL: 11-20 1923
20. UNDERTAKER: D. O. Martin ADDRESS: Florence