9410

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

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 40
County Registrar's - No. 141
Local Registrar's - No.

PLACE OF DEATH

1. County Cochise
District Warren
Town or city Bisbee No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Ora McRea

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

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

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 —

6. DATE OF BIRTH (month, day and year) June 17 1908

7. AGE: Years 15 | Months | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at School
(b) General nature of industry, business or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Bisbee
(State or Country) Arizona

PARENTS

10. NAME OF FATHER N. C. McRea
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Arizona
12. MAIDEN NAME OF MOTHER Sarah Cheney
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Utah

14. Informant N. C. McRea
(Address) Lowell, Arizona

15. Filed 3/11 1924 C. F. Hawthorne M.D. Local Registrar.
Filed 4/9 1924 R. B. Dunfee County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar. 8th, 1924

17. I HEREBY CERTIFY, That I attended deceased from 2/1 1924 to 3/8 1924
that I last saw h..... alive on ..... 19....
and that death occurred, on the date stated above, at 4 05 A. m.
The CAUSE OF DEATH* was as follows:
Starvation Card
Paralysis of the Arm
Muscles of the Throat
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Ariz.
Did an operation precede death? date of
Was there an autopsy?
What test confirmed diagnosis?
Signed C. L. Edmundson, 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.)

19. PLACE OF ~~BURIAL, CREMATION OR~~ REMOVAL: Thatcher Arizona
DATE OF BURIAL: 1924

20. UNDERTAKER: Hennessy Und. Co.
ADDRESS: Bisbee, Ariz.