1987

Emedy

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 117
County Registrar's - No. 78
Local Registrar's - No.

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 in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

1. County Gila
District Globe
~~Town~~ or City Globe
No. 510 South St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Eunice Maude Williams

(a) Residence. No. 510 South 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) 5/7/1919

7. AGE: Years 5 | Months — | Days — | IF LESS than 1 day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(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

9. BIRTHPLACE (city or town) Globe
(State or country) Arizona

PARENTS

10. NAME OF FATHER Ike Williams
11. BIRTHPLACE OF FATHER (city or town) Miss.
(State or country)
12. MAIDEN NAME OF MOTHER Eunice Page
13. BIRTHPLACE OF MOTHER (city or town) Ark
(State or country)

14. Informant
(Address)

15. Filed 3-18, 1924 B. Y. Y. Local Registrar.
Filed 4-5, 1924 B. Y. Y. County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3/17 1924

17. I HEREBY CERTIFY, That I attended deceased from 3/12, 1924, to 3/17, 1924, that I last saw her alive on 3/17, 1924, and that death occurred, on the date stated above, at 2:30 A m.
The CAUSE OF DEATH* was as follows:
Meningitis
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Spinal puncture
(Signed) C. Gunder, 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~~ Globe
DATE OF BURIAL 3/19 1924

20. UNDERTAKER Jones Funeral Home.
ADDRESS Globe