

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

1. County Yavapai District Mayer Town or City Mayer

State Index - - - No. 466
County Registrar's - No. _____
Local Registrar's - No. _____

2. FULL NAME Mrs. Thomas Thompson

(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>			16. DATE OF DEATH (month, day and year) <u>June 4, 1924</u>	17. I HEREBY CERTIFY, That I attended deceased from <u>May 27, 1924</u> to <u>June 4, 1924</u> that I last saw <u>her</u> alive on <u>June 4, 1924</u> and that death occurred, on the date stated above, at <u>P</u> . The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage (Apoplexy)</u>
5a. If married, widowed, or divorced HUSBAND of <u>Thomas Thompson</u> (or) WIFE of _____					CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds. _____ (duration) yrs. mos. ds.	
6. DATE OF BIRTH (month, day and year) <u>July 8, 1881</u>						
7. AGE <u>43</u>	Years	Months	Days	IF LESS than 1 day..... hrs. or..... min.	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) <u>H. Sherman</u> M. D. <u>6/7/24</u> (Address) <u>Mayer, Arizona</u> * 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.)	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mt. View Cemetery</u> <u>June 7, 1924</u> 20. UNDERTAKER <u>Lester Ruffner</u> <u>Prescott, Ariz.</u>	
9. BIRTHPLACE (city or town) <u>Palace Station</u> (State or country) <u>Arizona</u>						
10. NAME OF FATHER <u>A. B. Spence</u>						
11. BIRTHPLACE OF FATHER (city or town) <u>No. Carolina</u> (State or country) _____						
12. MAIDEN NAME OF MOTHER <u>Matilda E. Lambeth</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mt. View Cemetery</u> <u>June 7, 1924</u> 20. UNDERTAKER <u>Lester Ruffner</u> <u>Prescott, Ariz.</u>	
13. BIRTHPLACE OF MOTHER (city or town) <u>Kentucky</u> (State or country) _____						
14. Informant (Address) <u>LeRoy Spence, Mayer, Arizona.</u>						
15. Filed <u>8-4-24</u> 19 <u>24</u> <u>John T. Flinn</u> Local Registrar. V. S. No. <u>1</u> County Registrar.						