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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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yavapai
District Prescott
Town or City Prescott

BUREAU OF VITAL STATISTICS

State Index - - - No. 476
County Registrar's - No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

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

2. FULL NAME Mrs. Edna Trump Condit

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-OWED or DIVORCED (Write the word) Married

16. DATE OF DEATH June 8, 1924

5a. If married, widowed, or divorced HUSBAND of R. S. Condit (or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1923 to June 8, 1924 that I last saw her alive on June 7, 1924

6. DATE OF BIRTH (month, day and year) Mar. 29, 1882

and that death occurred, on the date stated above, at 1:30 A.

7. AGE Years 42 Months _____ Days _____ IF LESS than 1 day _____ hrs. _____ or _____ min.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

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

About (duration) 2 yrs. 6 mos. ds. _____

9. BIRTHPLACE (city or town) Kahoka (State or country) Mo.

CONTRIBUTORY (Secondary) John W. Flannery, D. (duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER Jacob Trump

18. Where was disease contracted Missouri or not at place of death? NO

11. BIRTHPLACE OF FATHER (State or country) Iowa (city or town) _____

Did an operation precede death? NO Date of _____

12. MAIDEN NAME OF MOTHER Elizabeth Britenstein

Was there an autopsy? _____

13. BIRTHPLACE OF MOTHER (State or country) Iowa (city or town) _____

What test confirmed diagnosis? Laboratory

14. Informant R. S. Condit, (Address) Clarkdale, Arizona.

(Signed) _____, M. D. 6/15/24 (Address) Prescott, Ariz

15. Filed June 14, 1924

* 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.)

Filed 7-10-24 John W. Flannery County Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt. View Cemetery DATE OF BURIAL June 10, 1924

20. UNDERTAKER Lester Ruffner ADDRESS Prescott, Ariz.