1745

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - - No. 307
County Registrar's - - No. 160
Local Registrar's - - - No. 123

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

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

2. FULL NAME Emma Fitzgerald
(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident, 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) Widow

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Dec 31-1850

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

7. AGE Years 73 Months 8 Days 5 IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) Texas
(State or country) Wm Scryer

PARENTS

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) Tex
(State or country) Anna Burke
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) Louisiana
(State or country) O S Johnson

14. Informant (Address) Yuma Ariz

15. Filed 9/6 1924 H. Wuppermann Deputy Local Registrar.
Filed 10/6 1924 P R Knoll
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 5 1924

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1924 to Sept 5th 1924
that I last saw her alive on 19
and that death occurred, on the date stated above, at 3:30 P. m.
The CAUSE OF DEATH* was as follows:
Acute nephritis
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (Secondary) Chronic nephritis
(duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of none
Was there an autopsy? no
What test confirmed diagnosis? Laboratory findings
(Signed) Geo. C. Bryan, M.D.
Sept 6th 1924 (Address) Yuma

* 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 Yuma Cemetery
DATE OF BURIAL 9/6 1924

20. UNDERTAKER O S Johnson
ADDRESS Yuma Ariz

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.