

2683

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  Graham  State Index - - - No.  108   
 District  Safford  County Registrar's - No.  204   
 Town or city  Pima  Local Registrar's - No.  178

2. FULL NAME  Isabella Ann Ferrin   
 (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 <u> Female </u>	4. COLOR or RACE <u> White </u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u> Widowed </u>			16. DATE OF DEATH (month, day, and year) <u> Dec 29 1924 </u>	
6a. If married, widowed, or divorced HUSBAND of <u> Jacob Ferrin, </u> (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from _____ <u> attended patient for </u> 19____ <u> that about _____ years </u> 19____ and that death occurred, on the date stated above, at <u> 2:30 A.M. </u> The CAUSE OF DEATH* was as follows: <u> Malignant Ovarian Tumor </u>	
7. AGE	Years	Months	Days	IF LESS than	18. Where was disease contracted if not at place of death? <input checked="" type="checkbox"/> Did an operation precede death? <u> no </u> date of _____ Was there an autopsy? <u> no </u> What test confirmed diagnosis? <u> Physical </u> Signed _____ 19____ (Address) <u> Pima </u> M. D. * 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.)	
<u> 85 </u>	<u> — </u>	<u> — </u>	<u> 14 </u>	1 day or hr. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u> Housewife </u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					CONTRIBUTOR (secondary) <u> Old age </u> (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) <u> Lehigh, Shawnee, S.C. </u> (State or Country) _____					18. Where was disease contracted if not at place of death? <input checked="" type="checkbox"/>	
10. NAME OF FATHER <u> Robert Mc Bride </u>					Did an operation precede death? <u> no </u> date of _____	
11. BIRTHPLACE OF FATHER (city or town) <u> Scotland </u> (State or country) _____					Was there an autopsy? <u> no </u>	
12. MAIDEN NAME OF MOTHER <u> Margaret Ann Howard </u>					What test confirmed diagnosis? <u> Physical </u>	
13. BIRTHPLACE OF MOTHER (city or town) <u> Scotland </u> (State or country) _____					Signed _____ 19____ (Address) <u> Pima </u> M. D.	
14. Informant (Address) <u> Nellie Ferrin, Pima </u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u> Pima, Ariz </u> DATE OF BURIAL <u> ? </u>	
15. Filed <u> Sept 7 1925 </u> <u> Hattie W. Schenk </u> Registrar. Filed <u> Sept 7 1925 </u> <u> D. Scott Schenk </u> County Registrar.					20. UNDERTAKER _____ ADDRESS _____	