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MARGIN RESERVED FOR BINDING. 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**

1. County Yuma **BUREAU OF VITAL STATISTICS** State Index - - - - No. 114  
 District \_\_\_\_\_ County Registrar's - - No. 41  
 Town or City Globe **ORIGINAL - CERTIFICATE OF DEATH** Local Registrar's - - - No. 13  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Bessie Bell Vinyard  
 (a) Residence. No. 349 Deverux 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. Married  
 (Write the word)

5a. If married, widowed, or divorced HUSBAND of Jacob Vinyard  
 (or) WIFE of \_\_\_\_\_

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

7. AGE 24 Years Months Days IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife  
 (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)

10. NAME OF FATHER O. P. Moston

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

12. MAIDEN NAME OF MOTHER Barrie Hanyant

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

14. Informant Jacob Vinyard  
 (Address) \_\_\_\_\_

15. Filed Feb 23 1925 S. E. Wightman Legal Registrar.  
 Filed Mar 2 1925 S. E. Wightman County Registrar.  
 V. S. No. 1

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (month, day, and year) 2-20-1925

17. I HEREBY CERTIFY, That I attended deceased from 2-17, 1925 to 2-20, 1925, that I last saw her alive on 2-20, 1925, and that death occurred, on the date stated above, at 2 P. m. The CAUSE OF DEATH\* was as follows:  
Tuberculosis

(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? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) S. E. Wightman, M. D. 2/23 1925 (Address) Globe

\* 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 cemetery DATE OF BURIAL Feb 22 1925

20. UNDERTAKER Hutton & Robbins ADDRESS 265 N Broad