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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

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa
District St. Johns
Town or city St. Johns

BUREAU OF VITAL STATISTICS

State Index - - - No. 3
County Registrar's - No. _____
Local Registrar's - No. 15

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Era Budd-White

(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred yrs 2 mos. _____ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f 4. COLOR or RACE W 5. SINGLE, MARRIED, WIDOWED or DIVORCED married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene White
7. AGE Years Months Days IF LESS than 1 day hrs. or min. 22
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) 143
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or Country) Flagstaff (AZ) Budd

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. Informant (Address) J. N. White

15. Filed 8/19 1925 Walter Jensen Local Registrar.
Filed _____ 19____ County Registrar.

V. S. No. 1 _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7/14 1925

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1925 to July 14, 1925
that I last saw her alive on July 14, 1925

and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:

Peritonitis

CONTRIBUTORY (secondary) Endometritis Abortiva (duration) yrs. mos. 2 ds.

18. Where was disease contracted (duration) yrs. mos. 6 ds.
if not at place of death? _____

Did an operation precede death? no date of _____
Was there an autopsy? no

What test confirmed diagnosis? General by up. res.
Signed J. P. Lueders M. D.
July 14 1925 (Address) St. Johns, Ariz.

* State the Disease Causing Death, or in death from Violent Cause, 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 REMOV. St. Johns, Arizona DATE OF BURIAL July 15, 1925

20. UNDERTAKER ADDRESS St. Johns, Ariz.