

9356

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.

M. J. Schuchman

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index - - - No. 301  
County Registrar's - No. \_\_\_\_\_  
Local Registrar's - No. 4751

**ORIGINAL CERTIFICATE OF DEATH**

1. County Pima District \_\_\_\_\_  
Town or City Tucson No. St. Mary Hospital (If death occurred in a hospital or institution, give its NAME instead of street number) Ward \_\_\_\_\_

2. FULL NAME Evelyn E. Boyd  
(a) Residence No. Jubilo Canyon Road St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? 70 yrs. 0 mos. 0 ds.

| PERSONAL AND STATISTICAL PARTICULARS   |                                  |   |                | MEDICAL CERTIFICATE OF DEATH  |   |
|--|----------------------------------|---|----------------|---|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR or RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED<br>(Write the word)<br><u>Married</u> |                | 16. DATE OF DEATH (month, day, and year)<br><u>Sept. 24 1925</u>  | 17. I HEREBY CERTIFY, That I attended deceased from<br><u>Sept 1, 1925 to Sept 24, 1925</u><br>that I last saw h. <sup>er</sup> alive on <u>Sept 24, 1925</u><br>and that death occurred, on the date stated above, at <u>5:09</u> p. m.<br>The CAUSE OF DEATH* was as follows:<br><u>Surgical shock following hysterectomy</u><br>(duration) _____ yrs. _____ mos. _____ ds. |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>Joseph H. Boyd</u><br>(or) WIFE of _____   |                                  |   |                | CONTRIBUTORY (Secondary)<br><u>Carcinoma Uterus</u><br>(duration) _____ yrs. _____ mos. _____ ds.   |   |
| 6. DATE OF BIRTH (month, day and year) <u>Dec. 25, 1888</u>  |                                  |   |                | 18. Where was disease contracted<br>if not a place of death?<br>Did an operation precede death? <u>no</u> Date of <u>Sept 24</u><br>Was there an autopsy? <u>no</u><br>What test confirmed diagnosis? <u>Chemical</u><br>Signed <u>A. G. Schuchman</u> , M. D.<br><u>9/25/1925</u> (Address) <u>Tucson Ariz</u> |   |
| 7. AGE   | Years <u>36</u>                  | Months <u>8</u>   | Days <u>29</u> | * 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.)   |   |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Housewife</u><br>(b) General nature of industry, business or establishment in which employed (or employer)<br>(c) Name of employer |                                  |   |                | 19. PLACE OF BURIAL, CREMATION OR REMOVAL<br><u>Los Angeles, Cal.</u> DATE OF BURIAL <u>Sept. 25 1925</u>   |   |
| 9. BIRTHPLACE (city or town) (State or country) <u>Kans.</u>   |                                  |   |                | 20. UNDERTAKER<br><u>City Undertaking Co.</u> ADDRESS <u>Tucson, Arizona</u>  |   |
| 10. NAME OF FATHER <u>Harvey Winters</u>   |                                  |   |                |   |   |
| 11. BIRTHPLACE OF FATHER (State or country) <u>Kans.</u> (city or town)  |                                  |   |                |   |   |
| 12. MAIDEN NAME OF MOTHER <u>Margaret</u>  |                                  |   |                |   |   |
| 13. BIRTHPLACE OF MOTHER (State or country) <u>Kans.</u> (city or town)  |                                  |   |                |   |   |
| 14. Informant (Address) <u>Joseph H. Boyd</u><br><u>Tucson Ariz</u>  |                                  |   |                |   |   |
| 15. Filed <u>9/25, 1925</u> by <u>A. G. Schuchman</u> Local Registrar.   |                                  |   |                |   |   |
| V. S. No. <u>1</u> County Registrar.   |                                  |   |                |   |   |