

1552

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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gilchrist State Arizona State File No. 100
District or Township Globe or Village County Hospital Registered No. 182
City Globe No. County Hospital Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Nina Sarah Ruston
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 22 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. Widow
(Write the word)
5a. If married, widowed, or divorced
~~HUSBAND~~ John M. Ruston Deceased
~~WIFE~~ of
6. DATE OF BIRTH (month, day and year) 12/16/1861
7. AGE Years 63 Months - Days - IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At Home
(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 John Cude
11. BIRTHPLACE OF FATHER Texas (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Naomi Winters
13. BIRTHPLACE OF MOTHER Texas (city or town)
(State or country)
14. Informant Sva Ruston
(Address) Heronimo, Arizona
15. Filed 10/31 1925 W. W. North
Registrar.

MEDICAL CERTIFICATE OF DEATH
10. DATE OF DEATH (month, day, and year) 10/17 1925
17. I HEREBY CERTIFY, That I attended deceased from 10/15 1925 to 10/17 1925
that I last saw h. er alive on 10/17 1925
and that death occurred, on the date stated above, at 10:15 P. m.
The CAUSE OF DEATH* was as follows:
Ulcer stomach
(Perforation)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) _____
(duration) yrs. mos. ds.
18. Where was disease contracted _____
if not at place of death?
Did an operation precede death? no Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) Chunter M. D.
10/22 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 Elk Cemetery DATE OF BURIAL 10/20/25
20. UNDERTAKER _____ ADDRESS Globe, Ariz.