

9572

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 Graham
District Pima

BUREAU OF VITAL STATISTICS

State Index . . . No. 1210
County Registrar's - No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

Town or city _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Clarissa Lorna Kerby

(a) Residence. No. Pima Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred about 20 yrs mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

6. If married, widowed, or divorced HUSBAND of Charles Kerby
(or) WIFE of

7. DATE OF BIRTH (month, day and year) Jan 17 1887
8. AGE Years 38 Months 4 Days 9 IF LESS than 1 day _____ hrs. or _____ min.

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) Housewife
(c) Name of employer _____

10. BIRTHPLACE (city or town) Cochise
(State or Country) Arizona

11. NAME OF FATHER David Palsapher

12. BIRTHPLACE OF FATHER (State or country) New York

13. MAIDEN NAME OF MOTHER Elizabeth Jacobs

14. BIRTHPLACE OF MOTHER (State or country) New York

15. Informant (Address) Jacob Palsapher

16. Filed Oct 20 1925 by Tom R. C. Snyder Deputy Local Registrar.

Filed _____ 19 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1925 to Oct 20th 1925 that I last saw him alive on Oct 20th 1925

and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH* was as follows:
Cancer of the stomach

Don't know when contracted
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ da.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no date of _____

Was there an autopsy? no

What test confirmed diagnosis? Repetition of cancer
Signed R. D. Snyder M. D.
Nov 10 1925 (Address) Pima

* 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 Local Cemetery

20. UNDERTAKER _____ ADDRESS _____

DATE OF BURIAL Oct 22 1925