

2514

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

1. PLACE OF BIRTH
County: Maricopa State: Arizona
District or Township: Phoenix or Village:
City: Phoenix No. St. Ward

2. FULL NAME: Trinidad Shumaker
(a) Residence, No.: West Rd. and Broadway St., Ward.
Length of residence in city or town where death occurred: 55 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: Widowed
6. DATE OF BIRTH (month, day and year): 4/15/
7. AGE: 80
8. OCCUPATION OF DECEASED: At Home
9. BIRTHPLACE (city or town): Mexico
10. NAME OF FATHER: Escalante
11. BIRTHPLACE OF FATHER: Spain
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER: Spain

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year): 12/27/ 19 25
17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1925 to Dec 27 1925 that I last saw her alive on Dec 26 1925 and that death occurred, on the date stated above, at 7:10 A.M. The CAUSE OF DEATH* was as follows: Cancer of Liver
CONTRIBUTORY (duration) yrs. 3 mos. ds.
18. Where was disease contracted if not at place of death? Yes
Did an operation precede death? No Date of:
Was there an autopsy? No
What test confirmed diagnosis? Glueceral symptoms
(Signed) L. H. M. M. D.
Dec 28 19 25 (Address) Phoenix, Arizona
* 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.)

14. Informant: Henry F. Shumaker (Address) West Rd. and Broadway
15. Filed: 12/28 1925 Registrar: J. T. Whitney
19. PLACE OF BURIAL, CREMATION OR REMOVAL: St. Francis Cemetery DATE OF BURIAL: 12/29/1925
20. UNDERTAKER: J. T. Whitney ADDRESS: Phoenix

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.