

637

PLACE OF DEATH

1. County Graham
District Pima
Town or City Glenbar

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - No. 115
County Registrar's - - No. 4
Local Registrar's - - - No. 4

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Carolina Emory Clark
(If death occurred in a hospital or institution, give its NAME instead of street number)
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 26 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. married
(Write the word)
6a. If married, widowed, or divorced
HUSBAND of Jed Clark
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept. 12, 1862
7. AGE Years Months Days IF LESS than 1 day... hrs. or... min.
63 5 11
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)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chester
10. NAME OF FATHER Jefferson Martin
11. BIRTHPLACE OF FATHER (State or country) (city or town) Chester
12. MAIDEN NAME OF MOTHER Huckerson
13. BIRTHPLACE OF MOTHER (State or country) (city or town)

14. Informant (Address) Carrie Clark Huff
15. Filed March 5, 1926 Mrs. P. C. Danner Local Registrar.
County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 23rd, 1926
17. I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1926 to February 23, 1926, that I last saw her alive on February 23, 1926, and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH* was as follows:
Pneumonia following influenza
(duration) yrs. mos. ds.
CONTRIBUTORY Heart Disease - Valvular (Secondary) myocardium
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of _____
Was there an autopsy? ✓
What test confirmed diagnosis? (Signed) R. D. Hyden, M. D.
March 5th, 1926 (Address)

* 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 Glenbar Cemetery DATE OF BURIAL Feb. 25th, 1926
20. UNDERTAKER ADDRESS

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.