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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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County <u>Cochise</u>	BUREAU OF VITAL STATISTICS		State Index - - No. <u>54</u>
District <u>St David</u>	ORIGINAL CERTIFICATE OF DEATH		County Registrar's No. _____
Town or City <u>St David</u>	No. _____	Local Registrar's - No. _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME <u>Margaret Ann Goodman</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <u>44</u> yrs.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) _____			
7. AGE	Years <u>84</u>	Months <u>9</u>	Days <u>9</u>
	IF LESS than 1 day ____ hrs. or ____ min.		
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Housewife</u>			
(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) <u>England</u>			
10. NAME OF FATHER <u>George E. Taylor</u>			
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Spillet</u>			
12. MAIDEN NAME OF MOTHER <u>Ann Wicks</u>			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>England</u>			
14. Informant (Address) <u>Larry Smith</u>			
15. Filed <u>March 30 1926</u> <u>J. N. Christensen</u> Registrar			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>March 29 1926</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>March 15th</u> , 19 <u>26</u> , to <u>March 29th</u> , 19 <u>26</u> , that I last saw her alive on <u>March 29</u> , 19 <u>26</u> , and that death occurred, on the date stated above, at <u>2:30</u> p. m. The CAUSE OF DEATH* was as follows: <u>Old age</u>			
(duration) ____ yrs. ____ mos. ____ ds.			
CONTRIBUTORY <u>La Grippe</u>			
(duration) ____ yrs. ____ mos. ____ ds.			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Cholera</u>			
(Signed) <u>J. N. Christensen</u> , M. D.			
19 (Address) <u>Benson Arizona</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.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St David Cemetery</u>		DATE OF BURIAL <u>March 30 1926</u>	
20. UNDERTAKER <u>Benjamin J. N. Christensen</u>		ADDRESS <u>St. David Arizona</u>	