4267

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 176

Registered No. 25

1. PLACE OF DEATH

County Maricopa

District or Township Mesa District or Village or

City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Rachel Ann Brimhall

(a) Residence. No. St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 39 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. (Write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 7 - 1886

7. AGE: Years 39 | Months 4 | Days 25 | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse

(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) Ariz

PARENTS

10. NAME OF FATHER Noah Brimhall

11. BIRTHPLACE OF FATHER Ill (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Lovina Jones

13. BIRTHPLACE OF MOTHER Wales (city or town) (State or country)

14. Informant Mrs Noah Brimhall (Address) Mesa

15. Filed Mar 6, 1926 J A Albertson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 4 1926

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1926 to Mar 4, 1926 that I last saw her alive on Mar 3, 1926 and that death occurred, on the date stated above, at 6 30 a.m. The CAUSE OF DEATH* was as follows:

Prep. Infection

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 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?

(Signed) [signature], M.D.

Mar 4 1926 (Address) Tempe Ariz

* 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: Mesa Cemetary

DATE OF BURIAL: Mar 7/26

20. UNDERTAKER: W A Burton & Son

ADDRESS: Mesa

B. B. Moeur

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.