

1770

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

1. PLACE OF DEATH State File No. 4/
County Pima State
District or Township Douglas or Village
City Douglas No. County Hospital St. Ward
2. FULL NAME Mrs. Berry F. Johnson
(a) Residence No. 631-16th St. St. Ward
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE Colored 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J.H. Johnson
6. DATE OF BIRTH (month, day and year)
7. AGE Years 34 Months Days IF LESS than 1 day hrs. or min.
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) Colorado (State or country) Japan
10. NAME OF FATHER Saw Macey
11. BIRTHPLACE OF FATHER (city or town) (State or country) Not known
12. MAIDEN NAME OF MOTHER Ella Campbell
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Japan
14. Informant J.H. Johnson (Address) 631-16th St.
15. Filed 4-26-1926 O. Clausen Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 4/26/26 19
17. I HEREBY CERTIFY, That I attended deceased from Apr 24 1926 to Apr 26 1926, that I last saw h. alive on Apr 25 1926 and that death occurred, on the date stated above, at 11:35 P.M. The CAUSE OF DEATH was as follows: Septic meningitis due to invasion of bacteria from splenoid abscess. (duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Jan 24-26
Was there an autopsy? yes
What test confirmed diagnosis? Cultures
(Signed) M. Allen M. D. Apr 26 19 26 (Address) Douglas
* 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 Douglas DATE OF BURIAL 4/28/26
20. UNDERTAKER Porter Thomas ADDRESS Douglas

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.