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

1. PLACE OF DEATH County: Pinal, State: Arizona, District or City: Globe, No.: Circle Ranch, Registered No.: 71, State File No.: 60. 2. FULL NAME: Lucinda Armer, (a) Residence: Circle Ranch, Sierra Ancha St., Length of residence in city or town where death occurred: 49 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: Widow, 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: At home, 6. DATE OF BIRTH (month, day and year): 10/6/1846, 7. AGE: 80 Years, Months, Days, IF LESS than 1 day... hrs. or... min., 8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: At home, (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): Wisconsin, 10. NAME OF FATHER: Henry Hebard, 11. BIRTHPLACE OF FATHER (city or town) (State or country), 12. MAIDEN NAME OF MOTHER, 13. BIRTHPLACE OF MOTHER (city or town) (State or country), 14. Informant: John Armer, (Address): Globe, Ariz., 15. Filled: 7-31-26, H. H. Hoyt, Registrar.

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (month, day, and year): 7/9 1926, 17. I HEREBY CERTIFY, That I attended deceased from July 2, 1926 to July 9, 1926, that I last saw h. & a. alive on July 19, 1926, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH* was as follows: Transient Jaundice old age, (duration) yrs. mos. ds., CONTRIBUTORY (Secondary) (duration) yrs. mos. ds., 18. Where was disease contracted if not at place of death? Did an operation precede death? W Date of Was there an autopsy? W What test confirmed diagnosis? (Signed) J. D. Kennedy, M. D., 19 (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 INTERMENT: Globe Elk Cemetery, DATE OF BURIAL: 7/11/26, 20. UNDERTAKER: James Amundson, ADDRESS: Globe, Ariz.

MARGIN RESERVED FOR BINDING 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. N. B. - WRITE PLAINLY, WITH UNFADING INK. -