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

1. PLACE OF DEATH
County: Maricopa
District or Township: Chandler
City: Chandler
State: Ariz.
State File No: 201
Registered No: 4
2. FULL NAME: Jennie May Workman
(a) Residence No: Magnolia Avenue
City: Chandler
State: Ariz.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married

5a. If married, widowed, or divorced
HUSBAND of: Silvester D. Workman
(or) WIFE of:
6. DATE OF BIRTH (month, day and year): May 3 1888

7. AGE: 41 Years, 8 Months, 12 Days
IF LESS than 1 day: hrs. min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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: Willard, Ohio

10. NAME OF FATHER: P. M. Cornell

11. BIRTHPLACE OF FATHER: Castroville, Ohio (city or town)

12. MAIDEN NAME OF MOTHER: Ella Mc Gill

13. BIRTHPLACE OF MOTHER: Paines, Ohio (city or town)

14. Informant: Silvester D. Workman
(Address): Magnolia, Ariz.

15. Filed: 2/8 1927 Jas. H. Mason Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Jan 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1927 to Jan 14 1927
that I last saw her alive on Jan 14 1927

and that death occurred, on the date stated above, at 2:40 a.m.
The CAUSE OF DEATH* was as follows:

Arthritis deformans
(duration) 6 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? no Date of:
Was there an autopsy? no

What test confirmed diagnosis? Clinical
(Signed) J. B. Jordan M. D.
1/14/27 (Address) Chandler 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: Mt. Cemetery
DATE OF BURIAL: Jan 20-27

20. UNDERTAKER: M. L. Gibbons
ADDRESS: Mesa Ariz.

MAINTAIN 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.