

400279

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.

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

1. PLACE OF DEATH
County Maricopa State Arizona District or Township _____ or Village _____
City Glendale No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Hala Huhara
(a) Residence, No. 19th, & J, Ave 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 yrs. mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR or RACE Jap 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) _____
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) May 29, 1927
7. AGE Years Months Days IF LESS than 1 day hrs. or min. 28
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____
9. BIRTHPLACE (city or town) Arizona (State or country)
10. NAME OF FATHER H. Kuhara
11. BIRTHPLACE OF FATHER Japan (city or town) (State or country)
12. MAIDEN NAME OF MOTHER Tme Kusubashi
13. BIRTHPLACE OF MOTHER Japan (city or town) (State or country)

PARENTS
14. Informant H. Kuhara (Address) 19th, & J, Ave
15. Filed June 25, 1927 A. D. Patton Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) June 24, 1927
17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927 to _____, 19____, that I last saw her alive on June 24, 1927, and that death occurred, on the date stated above, at 128 m. The CAUSE OF DEATH* was as follows: Washio - enteritis acute
(duration) _____ yrs. _____ mos. 4 ds.
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted _____ or not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) Reed F. ... M. D. 19____ (Address) Glendale
* 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 Glendale Cemetery DATE OF BURIAL June 25, 1927
20. UNDERTAKER J.S. Brazill ADDRESS Glendale Arizona