

N. 5 - WRITE PLAINLY, WITH UNFADING INK - IN SERVED FOR BINDING. 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 State File No. 291
 District or Township _____ or Village Hickensburg Registered No. _____
 City _____ No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. FULL NAME Anica Kerkes
 (a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____
 Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female Slavonian</u>	4. COLOR or RACE <u>Slavonian</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			16. DATE OF DEATH <u>Dec-27-1927</u> Month Day Year	17. I HEREBY CERTIFY, That I attended deceased from <u>Dec-25-1927</u> to <u>Dec-27-1927</u> , that I last saw her alive on <u>Dec-27-1927</u> , and that death occurred, on the date stated above, at <u>7:10 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Coronary artery or failing compensation</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mike Kerkes</u>					CONTRIBUTORY (duration) _____ yrs. mos. da. (Secondary) <u>Bright's</u> (duration) <u>15</u> yrs. mos. da.	
6. DATE OF BIRTH (month, day and year)					18. Where was disease contracted if that at place of death? <u>Probably here</u>	
7. AGE Years Months Days IF LESS than 1 day hrs. or min. <u>43</u> <u>Nov</u> <u>7</u>					Did an operation precede death? <u>no</u> Date of _____	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer <u>Gulf Bredroge</u>					Was there an autopsy? <u>no</u>	
9. BIRTHPLACE (city or town) (State or country) <u>Hercegovina</u>					What test confirmed diagnosis? <u>Terminalis</u> (Signed) <u>J. A. Cabland</u> M. D. 19 <u>Hickensburg</u>	
10. NAME OF FATHER <u>Milo Badroge</u>					* 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.)	
11. BIRTHPLACE OF FATHER <u>in Hercegovina</u> (State or country) (city or town)					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Hickensburg Ariz</u> DATE OF BURIAL <u>12/28/27</u>	
12. MAIDEN NAME OF MOTHER <u>Anica Badroge</u>					20. UNDERTAKER <u>Funel Co</u> ADDRESS <u>Hickensburg</u>	
13. BIRTHPLACE OF MOTHER <u>Hercegovina</u> (State or country) (city or town)						
14. Informant <u>Sam Badroge</u> (Address) <u>Hickensburg Arizona</u>						
15. Filed <u>1/2</u> 19 <u>27</u> <u>J. A. Cabland</u> Registrar.						