BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6

Registered No.

1. PLACE OF DEATH

County Apache State Arizona

District or Township or Village Alpine or

City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Virginia Burk

(a) Residence, No. 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 7 yrs. 1 mos. 4 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	white.	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	7	1	4	

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) Holbrook
(State or country) Navajo Co., Ariz.

PARENTS

10. NAME OF FATHER H. Parley Burk

11. BIRTHPLACE OF FATHER Subject near (city or town)
Winslow (State or country) Navajo Co. Ariz.

12. MAIDEN NAME OF MOTHER Eliza Jane Brinkerhoff

13. BIRTHPLACE OF MOTHER Tuba City (city or town)
(State or country) Arizona

14. Informant H. P. Burk
(Address)

15. Filed, 19 Sarah Hamblin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 16 (Day) 1928 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:
Don't know the cause of death only sick a few hours

(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? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , 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 REMOVAL Alpine Ariz

DATE OF BURIAL June 17th 1928

20. UNDERTAKER Friends

ADDRESS

MARGIN RESERVED FOR BINDING

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.