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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked for accuracy. 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 Apache State Ariz. State File No. 10  
 District or Township Alpine or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2. FULL NAME Eliza Jane 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 17 yrs. 6 mos. 0 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. Married  
 (Write the word)  
 5a. If married, widowed, or divorced  
 HUSBAND of H. P. Burk  
 (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day and year) Jan 8 - 1887  
 7. AGE Years 40 Months 5 Days 16 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (city or town) Tuba  
 (State or country) Arizona  
 PARENTS  
 10. NAME OF FATHER David Brinkerhoff  
 11. BIRTHPLACE OF FATHER Centerville  
 (State or country) Utah  
 12. MAIDEN NAME OF MOTHER Lida Ann Nelson  
 13. BIRTHPLACE OF MOTHER San Bernardino  
 (State or country) Calif  
 14. Informant H. P. Burk  
 (Address) Alpine Ariz.  
 15. Filed June 25, 1928 H. A. Nichols Registrar.  
Sarah Hamilton

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jun 24 1928  
 17. I HEREBY CERTIFY, That I attended deceased from June 19, 1928 to June 23, 1928  
 that I last saw h. alive on June 23, 1928  
 and that death occurred, on the date stated above, at 2:20 P.  
 The CAUSE OF DEATH\* was as follows:  
Broncho-Pneumonia  
 (duration) 2 yrs. 0 mos. 8 ds.  
 CONTRIBUTORY Acute Nephritis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 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? None  
 (Signed) H. A. Nichols M.D.  
Springerville 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 Alpine Ariz. DATE OF BURIAL June 25  
 20. UNDERTAKER Friends ADDRESS \_\_\_\_\_