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

1. PLACE OF DEATH County Navajo State Arizona District or Township Taylor City Taylor No. (If death occurred in a hospital or institution, give its NAME instead of street and number) State File No. 334 Registered No.

2. FULL NAME Bertha Morilla Bates Wakefield (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred 22 yrs. 7 mos. 21 ds. (If non-resident, give city or town and State) 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. (Write the word) widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph B. Wakefield

6. DATE OF BIRTH (month, day and year) Feb. 6 / 1855 7. AGE Years 73 Months 10 Days 21 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) Tooele (State or country) Tooele, Co. Utah

10. NAME OF FATHER Cronus E. Bates 11. BIRTHPLACE OF FATHER (State or country) Wisconsin (city or town)

12. MAIDEN NAME OF MOTHER Morilla Spink 13. BIRTHPLACE OF MOTHER (State or country) Syracuse New York

PARENTS

14. Informant (Address)

15. Filed Dec 5 - 19 1908 E. M. Kartchner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 25 1928 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1928 to Nov. 21, 1928, that I last saw her alive on Nov. 27, 1928, and that death occurred, on the date stated above, at 11:45 P.M. The CAUSE OF DEATH* was as follows: Carcinoma of Liver

CONTRIBUTORY (Secondary) (duration) yrs. 6 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) J. H. Heywood, M. D. Nov 29 1928 (Address) Snowflake

* 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 DATE OF BURIAL 20. UNDERTAKER ADDRESS

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.