9941

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

State File No. 553

Registered No. 40

1. PLACE OF DEATH

County Pima State Arizona

District or Township 12 or Village

City Tucson No. St., Ward

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

2. FULL NAME Helen Veeder Hinshaw

(a) Residence, No. Chicago, Ill. 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. 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	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C.W.Hinshaw

6. DATE OF BIRTH (month, day and year) Oct. 6 1899

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
29	3	6	

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) Chicago

(State or country) Ill

PARENTS

10. NAME OF FATHER Henry Veeder

11. BIRTHPLACE OF FATHER Galva, Ill (city or town)

(State or country)

12. MAIDEN NAME OF MOTHER Darlene Gibons

13. BIRTHPLACE OF MOTHER Princeston Ill (city or town)

(State or country)

14. Informant John C.W.Hinshaw

(Address) Chicago, Ill.

15. Filed 1/19 1929 Galvin Kinnie Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 12, 1929 19 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from , 19 to Jan. 12, 1929, that I last saw her alive on Jan. 12, 1929 and that death occurred, on the date stated above, at 6.15P m. The CAUSE OF DEATH* was as follows:

1 Tuberculosis, Intestinal

2 Tuberculosis of spine involving 1-2 cervical 5-6 cervical - 5-6 dorsal vertebrae (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis, pulmonary

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Chicago, Ills

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, xray and lab. findings

(Signed) Roland Davison M. D.

Jan. 14. 1929 (Address) Tucson

* 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 Chicago Ill

DATE OF BURIAL 1/14/29

20. UNDERTAKER Parker-Grimshaw Und.

ADDRESS Co Tucson