

2090

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

1. PLACE OF DEATH
County: Yavapai State: Arizona
District or Township: Prescott No. County Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME: Mrs. Olga Fern Reid
(a) Residence No. Miller Valley St.
Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George William Reid

6. DATE OF BIRTH (month, day and year) July 24, 1895

7. AGE: Years 33 Months 6 Days I IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: House wife (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Stillwell (State or country) Kansas

10. NAME OF FATHER George Harbeson

11. BIRTHPLACE OF FATHER (State or country) No record (city or town) Missouri

12. MAIDEN NAME OF MOTHER Mary E. Ames

13. BIRTHPLACE OF MOTHER (State or country) No record (city or town) Iowa

14. Informant: George Harbeson (Address) Prescott, Arizona

15. Filed: 1/27/29 Mary E. Harbeson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 25, 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 2:15 PM, 1929 to Jan 25, 1929 that I last saw her alive on Jan 24, 1929 and that death occurred, on the date stated above, at 9 AM. The CAUSE OF DEATH\* was as follows:

Cardiac disease

(duration) yrs. 1 mo. 15 ds. CONTRIBUTORY (Secondary) Pelvic Abscess (duration) yrs. 2 mo. ds.

18. Where was disease contracted? Prescott, Ariz. If not at place of death? Did an operation precede death? Yes Date of 1/22/29 Was there an autopsy? No

What test confirmed diagnosis? (Signed) A. H. Rooney, M.D.

(Address) January 25, 1929 Prescott, 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: Mt. View Cemetery DATE OF BURIAL: 1/27/29

20. UNDERTAKER: Mary E. Harbeson ADDRESS: Prescott, Ariz

MARGIN RESERVED FOR BINDING USE OF THIS IS A PERMANENT CAUSE OF INFORMATION SHOULD BE CAREFULLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE OF CERTIFICATE. N. B. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT CAUSE OF INFORMATION SHOULD BE CAREFULLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE OF CERTIFICATE.