

2161

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

1. PLACE OF DEATH
County Apache State Arizona
District or Township ... or Village ...
City Mrs. ... No. ... St. ... Ward ...
2. FULL NAME Baby Maxine Wilbur ...
(a) Residence No. ... (Usual place of abode) ... St. ... Ward ...
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 7
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED Infant
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 day hrs or min.
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) (State or country)
10. NAME OF FATHER Paul ...
11. BIRTHPLACE OF FATHER (State or country) (city or town)
12. MAIDEN NAME OF MOTHER Mother ...
13. BIRTHPLACE OF MOTHER (State or country) (city or town)
14. Informant (Address)
15. Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH
10. DATE OF DEATH (month, day, and year) 2-25-1929
17. I HEREBY CERTIFY, That I attended deceased from 2-22-1929 to 2-25-1929 that I last saw him alive on 2-25-1929 and that death occurred, on the date stated above, at ... m. The CAUSE OF DEATH\* was as follows: Pneumonia.
CONTRIBUTORY (Secondary)
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.
\* 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

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN ENGLISH. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.