

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - - - - No. 47
County Registrar's - - No. _____
Local Registrar's - - - No. _____

ORIGINAL CERTIFICATE OF DEATH

1. County Cochise District Dozier Town or City Dozier

2. FULL NAME Ruth Christman
(a) Residence No. St. David, Army 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Fe</u>	4. COLOR or RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			16. DATE OF DEATH (month, day, and year) <u>Mar 17 19 29</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Otto Christman</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 16</u> , 19 <u>29</u> to <u>Mar 17</u> , 19 <u>29</u> that I last saw h <u>er</u> alive on <u>Mar 17</u> , 19 <u>29</u>	
6. DATE OF BIRTH (month, day and year)					and that death occurred, on the date stated above, at <u>6 a.</u> m. The CAUSE OF DEATH* was as follows: <u>Acute obstruction of colon - (intussusception) - generalized peritonitis</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day	hrs.	min.
	<u>39</u>					
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					CONTRIBUTORY (Secondary) <u>Influenza</u> (duration) yrs. mos. ds.	
9. BIRTHPLACE (city or town) (State or country) <u>Arizona</u>					18. Where was disease contracted if not at place of death? <u>St. David Ariz</u> Did an operation precede death? <u>Yes</u> Date of <u>Mar 17/29</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>E. W. [unclear]</u> M. D. <u>Mar. 17 19 29</u> (Address) <u>Dozier</u>	
10. NAME OF FATHER <u>C. R. Plumb</u>					* 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.)	
11. BIRTHPLACE OF FATHER (State or country) <u>Utah</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. David</u> DATE OF BURIAL <u>3/18 1929</u>	
12. MAIDEN NAME OF MOTHER <u>Mary Smith</u>					20. UNDERTAKER <u>Thurman and Co</u> ADDRESS <u>Dozier</u>	
13. BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>						
14. Informant (Address) <u>C. R. Plumb St. David</u>						
15. Filed <u>3/17</u> , 19 <u>29</u> <u>Dozier</u> Local Registrar.						
V. S. No. 1 _____ County Registrar.						