619

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.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 574

Registered No. 26

1. PLACE OF DEATH

County Pima State Arizona

District or Township Ajo or Village or

City Ajo Ariz No. St., Ward

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

2. FULL NAME Josephine L Russell

(a) Residence No. 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. 1 mos. ds. 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 HUSBAND of (or) WIFE of Ira L Russell

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

7. AGE Years 25 Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waitress

(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) Colorado

PARENTS

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER Don't Know (city or town) (State or country)

14. Informant (Address)

15. Filed Mar 31, 1929 John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch 30 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 20, 1929 to Mch 29, 1929 that I last saw her alive on Mch 29, 1929 and that death occurred, on the date stated above, at 6 AM. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

For some time (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature], M. D.

Mch 30 1929 (Address) Ajo 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: Ajo Ariz

DATE OF BURIAL: Mar. 30

20. UNDERTAKER: H. T. Lyon

ADDRESS: Ajo Ariz