840

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. 93

Registered No. 56

1. PLACE OF DEATH

County Gila State Ariz

District or Township Globe or Village

City Globe No. 340 Pinal St., Ward

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

2. FULL NAME Marie Concepcion Clark

(a) Residence. No. 340 Pinal St. 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 55 yrs. — 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: Spanish

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Widow

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

6. DATE OF BIRTH (month, day and year) Dec 8th 1841

7. AGE Years 88 Months — Days — IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(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) Tucson Ariz

PARENTS

10. NAME OF FATHER Jose Romero

11. BIRTHPLACE OF FATHER (State or country) Spain (city or town)

12. MAIDEN NAME OF MOTHER Manuela Quevedo

13. BIRTHPLACE OF MOTHER (State or country) Tubac Arizona (city or town)

14. Informant Mrs Amelia Aeschlimann (Address) Globe Ariz

15. Filed 5/8 1929 L. E. Wightman Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 22 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929 to April 22, 1929 that I last saw her alive on April 22, 1929, and that death occurred, on the date stated above, at 6:30 P m. The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Senility,

(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? Physical Ex

(Signed) L. E. Wightman, M. D.

April 26 1929 (Address) Globe 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~~ Globe Cemetery

DATE OF BURIAL 4/25/29

20. UNDERTAKER Jones Funeral Home

ADDRESS Globe, Arizona