9232

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 466
County Registrar's - No.
Local Registrar's - No. 212

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

PLACE OF DEATH

1. County Pinal
District
Town or city Florence No. Arizona State Prison Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Bernice Weaver

(a) Residence. No. Florence St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs 6 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): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Oct 18 1928
7. AGE: Years 0 Months 6 Days 0 Hours — Minutes —
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) None
(c) Name of employer None
9. BIRTHPLACE (city or town) Florence (State or Country) Arizona

PARENTS

10. NAME OF FATHER Alva L. Weaver
11. BIRTHPLACE OF FATHER Casa Grande (city or town) (State or country) Arizona
12. MAIDEN NAME OF MOTHER Elva Whitlow
13. BIRTHPLACE OF MOTHER Tempe (city or town) (State or country) Arizona
14. Informant Father
(Address) Florence Arizona
15. Filed April 20 1929 L. D. Lewis M.D. Local Registrar.
Filed 19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Apr. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1929 to April 18, 1929.
That I last saw her alive on April 18, 1929.
And that death occurred, on the date stated above, at 9:15 P.M.
The CAUSE OF DEATH* was as follows: Volvulus 1st. Portion of Small Intestine due result of Intussusception (Ileo-colic) (duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

18. Where was disease contracted (duration) yrs. mos. ds. if not at place of death? At home
Did an operation precede death? Yes date of April 18, 1929
Was there an autopsy? No
What test confirmed diagnosis? Operation - Laparotomy
Signed L. D. Lewis M.D.
Apr. 20 1929 (Address) Florence 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 Florence Cemetery
DATE OF BURIAL Apr. 21 1929
20. UNDERTAKER D. O. Martin
ADDRESS Florence Ariz.