9991

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 250

Local Registrar's No. 794

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township _____ or Village _____

City Phoenix No. Central & Ross Avenues St., _____ Ward

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

2. FULL NAME Averilla Deubler

(a) Residence, No. Central & Ross Avenues 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 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	White	Married

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

6. DATE OF BIRTH (month, day and year) Feb. 27, 1872

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
57	2	22	

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) Wadler (State or country) Alabama

PARENTS

10. NAME OF FATHER Gilchrist

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant August Deubler

(Address) Route 5, Box 120

15. Filed May 20, 19 29 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5/19/29 19 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 19 29 to May 19, 1929, that I last saw her alive on May 19, 19 29 and that death occurred, on the date stated above, at 1:45 a.m. The CAUSE OF DEATH* was as follows:

Carcinoma of right breast

(duration) 8yrl yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis to the liver

(duration) yrs. 1 mos. 29 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2 yrs. ago

Was there an autopsy? No

What test confirmed diagnosis? Phy. x & lab. findings

(Signed) Norton S. Kimball, M. D.

(Address) Norton S. Kimbul, 414 Security Bldg.

* 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 Greenwood

DATE OF BURIAL 5/22/29

20. UNDERTAKER A. L. MOORE & SONS

ADDRESS

3 23974