

8 132

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH State File No. 500
 County Yuma State Arizona Local Registrar's No. 138
 District or Township Yuma or Village _____
 City Yuma Yuma General Hospital Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2. FULL NAME Elizabeth Louise Bryan
 (a) Residence, No. 697 First Ave 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 13 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
 (Write the word)
 6a. If married, widowed or divorced HUSBAND of Claude Bryan (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) July 7 1881
 7. AGE Years 48 Months _____ Days 10 IF LESS than 1 day _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (city or town) Yokamum Texas (State or country)
 10. NAME OF FATHER W. A. Youngstein
 11. BIRTHPLACE OF FATHER Texas (city or town)
 12. MAIDEN NAME OF MOTHER Pauline
 13. BIRTHPLACE OF MOTHER Germany (city or town)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 17 29
 Month Day Year
 17. I HEREBY CERTIFY, that I attended deceased from July 1, 1929 to July 17, 1929
 that I last saw him on July 17, 1929
 and that death occurred, on the date stated above, at 3:30 p.m.
 The CAUSE OF DEATH* was as follows:
Surgical shock
 (duration) _____ yrs. mos. da.
 CONTRIBUTORY anemia
 (Secondary) (duration) _____ yrs. mos. da.

18. Where was disease contracted If not at place of death?
 Did an operation precede death? ye Date of 7-16-29
 Was there an autopsy? no
 What test confirmed diagnosis?
 (Signed) J. A. K. [Signature] M. D.
July 17 1929 (Address) Yuma
 * 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.)

14. Informant Claude Bryan
 (Address) 697-First Ave
 15. Filed July 19, 1929 H. W. [Signature] Registrar.
 3 5574

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yokamum Texas DATE OF BURIAL 7/19-29
 20. UMBERTAKER A. Johnson ADDRESS Yuma

MARGIN RESERVED FOR BINDING. 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.