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MARGIN RESERVED FOR BINDING  
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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Navajo  
District \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index - - - No. 301

Town or City Linden

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No. \_\_\_\_\_

Local Registrar's - No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Martha Malinda Malone

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (month, day, and year) 8-2 1929

5a. If married, widowed, or divorced HUSBAND of Frank Malone  
(or) WIFE of \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 7-1-29  
8-2 1929 to 8-2 1929

6. DATE OF BIRTH (month, day and year) Aug 23, 1852

that I last saw her alive on 8-2 1929

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
77 11 16

and that death occurred, on the date stated above, at 2:30 p.m.  
The CAUSE OF DEATH\* was as follows:  
Myr. congested heart

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)  
(c) Name of employer

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (city or town) Miller Co. Missouri  
(State or country)

CONTRIBUTORY (Secondary) Age  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10. NAME OF FATHER Martin Bond

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

11. BIRTHPLACE OF FATHER \_\_\_\_\_ (city or town)  
(State or country) Ky

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Charlotte Hunter

Was there an autopsy? \_\_\_\_\_

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

What test confirmed diagnosis (Signed) M. Cole M.D.  
8-4 1929 (Address) Standard Dev

14. Informant (Address) Minnie G. Chase

\* State the Cause 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.)

15. Filed Aug 5, 1929 \_\_\_\_\_ Local Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Linden DATE OF BURIAL 8-2/29

V. S. No. 1 \_\_\_\_\_ County Registrar.

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_