736

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 88

Registered No. 120

1. PLACE OF DEATH

County Gila State Arizona

District or Township Globe

City Globe No. Gila County Hospital St. ____ Ward

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

2. FULL NAME Baby Aston

(a) Residence. No. ____ 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 ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

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

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

6. DATE OF BIRTH (month, day and year) 9/15/29

7. AGE: Years — Months — Days — If LESS than 1 day — hrs. or — min.

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) Globe (State or country) Arizona

PARENTS

10. NAME OF FATHER Lomax Aston

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

12. MAIDEN NAME OF MOTHER Marguerite Shields

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

14. Informant Lomax Aston

(Address) Globe Arizona

15. Filed Oct 7, 1929 E. E. Lightner Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 15 19 29 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1929 to Sept. 15, 1929 that I last saw her ~~alive on~~ stillborn Sept 15, 1929 and that death occurred, on the date stated above, at 12:30 P m. The CAUSE OF DEATH* was as follows:

Stillborn (macerated) (6 mo. foetus)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) —

(duration) ____ yrs. ____ mos. ____ ds.

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

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Examination

(Signed) T. C. Harper, M. D.

19 (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 9-15-29

20. UNDERTAKER Jones Funeral Home

ADDRESS Globe Ariz.