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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 308

Registered No. 53

1. PLACE OF DEATH

County Pima State

District or Township Ajo or Village

City Ajo Arizona No. St., Ward

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

2. FULL NAME Helen Marie Stewart

(a) Residence, No. Ajo Arizona 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR or RACE White

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

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

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

7. AGE Years Months 3 Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ajo

(State or country) Arizona

PARENTS

10. NAME OF FATHER Lester H Stewart

11. BIRTHPLACE OF FATHER Elk City (city or town)

(State or country) Okla

12. MAIDEN NAME OF MOTHER Lyuna I Bigelow

13. BIRTHPLACE OF MOTHER Shattuck (city or town)

(State or country) Okla

14. Informant Lester H Stewart

(Address)

15. Filed Sept 13, 1929 John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF ~~BIRTH~~ Death Sept 12 1929

Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Sep 1st, 1929 to Sep 11th, 1929, that I last saw her alive on Sep 11th, 19__, and that death occurred, on the date stated above, at ____ m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C B Patton, M. D.

19 (Address) Ajo 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~~ Ajo Ariz

DATE OF BURIAL 9/13/29

20. UNDERTAKER H N Lyons

ADDRESS Ajo Ariz

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.