2274

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

State File No. 22

Registered No.

1. PLACE OF DEATH Paradise State Arizona

County Cochise or Village

District or Township St., Ward

City No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Mrs Eliza Francis Vincent

(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. 18 mos. 5 ds. 19 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	widowed

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

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

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
87	3	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife

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

(c) Name of employer

9. BIRTHPLACE (city or town) Montgomery (State or country) Ala

PARENTS

10. NAME OF FATHER Wiley Wasson

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

12. MAIDEN NAME OF MOTHER Jane Thrash

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

14. Informant Jane Lee (Address) Paradise Ariz

15. Filed 12/10 1929 J. C. Hancock Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Extreme old Age

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

CONTRIBUTORY (Secondary) ..... (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) ..... 19 (Address) ....., M. D.

* 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 Paradise Ariz — DATE OF BURIAL Dec 10-1929

20. UNDERTAKER Friends of the Family — ADDRESS

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.

MARGIN RESERVED FOR BINDING