

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.

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

1. PLACE OF DEATH
 County Yuma State Arizona State File No. 502
 District or Township Yuma or Village _____ Local Registrar's No. 9
 City Yuma No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Fannie Sanders
 (a) Residence, No. with Gila valley 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 10 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. (Write the word) widowed

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Aug 6 - 1896

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

7. AGE Years 83 Months 5 Days 8 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) Georgia (State or country)

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER Georgia (city or town)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER not known (city or town)

14. Informant O. Johnson (Address) Yuma Ariz

15. Filed Jan 16 1930 Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 14 1930
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from never, 19__ to __, 19__ that I last saw her alive on never, 19__ and that death occurred, on the date stated above, at 12:10 am. The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) _____ yrs. mos. da.
 CONTRIBUTORY Arterio Sclerosis
 (Secondary) (duration) many yrs. mos. da.

18. Where was disease contracted _____ If not at place of death? no
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? History of case
 (Signed) E. G. Freeman Yuma Ariz
Jan 16 1930 (Address) Yuma 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 Yuma Cemetery DATE OF BURIAL 1-16-30

20. UNDERTAKER O. Johnson ADDRESS Yuma Ariz