

770

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County: Gila State:
District or Township: ... or Village:
City: ... (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME: Betty Jay Clever
(a) Residence, No.: ... St.: ... Ward:
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.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked for accuracy. 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.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year):
7. AGE: Years 2, Months 10, Days
8. OCCUPATION OF DECEASED:
9. BIRTHPLACE (city or town) (State or country):
10. NAME OF FATHER:
11. BIRTHPLACE OF FATHER (city or town) (State or country):
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (city or town) (State or country):
14. Informant (Address):
15. Filed Feb 12, 1930 Registrar: L. C. C. Jones

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: Feb 12, 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930 to Feb 10, 1930, that I last saw her alive on Feb 11, 1930, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH* was as follows: Epidemic cerebro-spinal meningitis
CONTRIBUTORY (Secondary):
18. Where was disease contracted if not at place of death?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
* 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: Pinal Cemetery
DATE OF BURIAL: 2-12-30
20. UNDERTAKER: J. W. Miles
ADDRESS: Miami, Ariz.