1312

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. 35

1. PLACE OF DEATH

County Cochise State _____ Local Registrar's No. _____

District or Township Douglas or Village _____ or

City Douglas No. _____ St., _____ Ward

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

2. FULL NAME Anna E Bennett

(a) Residence, No. 935-8th St (Usual place of abode) St., _____ Ward. _____ (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR or RACE White

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

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

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

7. AGE Years 66 Months Days IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (city or town) Stevens Point (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Chas Hook

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. Informant Mrs. Norine Bennett (Address) 1123 Greene St

15. Filed 3/11, 1930 J Causey Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 11th (Day) 1930 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/2, 1930 to 3-11, 1930, that I last saw her alive on 3-11, 1930 and that death occurred, on the date stated above, at 3:30 P. m. The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

_____ (duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

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

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J Causey, M. D.

3/12 1930 (Address) Douglas

* 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 Douglas Ariz

DATE OF BURIAL 3/12/30

20. UNDERTAKER Porter Funes

ADDRESS Douglas Ariz