1356

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 76

Registered No. 39

1. PLACE OF DEATH

County Gila State Arizona

District or Township or Village or

City Globe No. St., Ward

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

2. FULL NAME Melissa Ewdora Lephiew

(a) Residence. No. Copper Hill 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 14 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)

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

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

7. AGE 79 Years Months Days 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) (State or country) Arkansaw

PARENTS

10. NAME OF FATHER Sarah D. Sims

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unable to learn

12. MAIDEN NAME OF MOTHER Francis E. Sparks

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

14. Informant Mrs Salvie Jackson

(Address)

15. Filed 4/8, 1930 L. E. Wightman Mrs Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1930 to March 17, 1930, that I last saw her alive on March 17, 1930 and that death occurred, on the date stated above, at 5:45 P.m. The CAUSE OF DEATH* was as follows:

Hypo Static Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 40 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? Physical Examination

(Signed) Herman C. Bodemer, M.D.

March 22 1930. (Address) Globe Arizona

* 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 Globe Cemetery

DATE OF BURIAL Mar. 19, 1930

20. UNDERTAKER Miles Marluary

ADDRESS Globe Ariz

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