

1952

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.

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

1. PLACE OF DEATH
 County Cochise State Arizona District or Township Rيبة or Village _____
 City Rيبة No. Lowell, Ariz. St. Phoenix Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Marta A. Cramer
 (a) Residence, No. Lowell, Ariz. St. _____ Ward Home
 (Usual place of abode) (If non-resident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			16. DATE OF DEATH <u>April 19</u> 19 <u>30</u> Month Day Year		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Chas. J. Cramer</u>					17. HEREBY CERTIFY, That I attended deceased from <u>April 19</u> , 19 <u>30</u> to <u>April 19</u> , 19 <u>30</u> that I last saw her alive on <u>April 18</u> , 19 <u>30</u> and that death occurred, on the date stated above, at <u>3:15 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Stychnine Poisoning</u> <u>(Suicide)</u>		
6. DATE OF BIRTH (month, day and year) <u>May 24, 1898</u>					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.		
7. AGE	Years <u>32</u>	Months <u>11</u>	Days <u>3</u>	IF LESS than 1 day _____ hrs. _____ min.	18. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? _____ (Signed) <u>R. U. Dewey</u> M. D. 19 _____ (Address) <u>Rيبة Ariz.</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					* 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.)		
9. BIRTHPLACE (city or town) <u>Lodi</u> <u>Indiana</u> (State or country)					19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____		
10. NAME OF FATHER <u>John H. Ruger</u>					20. UNDERTAKER <u>Evergreen Cemetery</u> ADDRESS <u>76 Main St.</u>		
11. BIRTHPLACE OF FATHER _____ (city or town) _____ (State or country)							
12. MAIDEN NAME OF MOTHER <u>Billy Pugh</u>							
13. BIRTHPLACE OF MOTHER <u>Ridgefarm</u> _____ (city or town) _____ (State or country)							
14. Informant <u>Chas. J. Cramer</u> (Address)							
15. Filed <u>4/23</u> , 19 <u>30</u> <u>M. B. Blomquist</u> Registrar.							

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