2929

N. B.—WRITE PLAINLY, WITH UNFADING INK. MARGINS RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY IN PLAIN TERMS, so that it may be properly classified. Exact statements on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements on back of certificate. This information is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 375

Local Registrar's No. 273

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ..... or Village .....

City Phoenix No. St. Joseph's St., ... Ward

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

2. FULL NAME Evaleen Adella Griffin

(a) Residence, No. 4008 N. Randolph 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 ..... 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): Widow

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

6. DATE OF BIRTH (month, day and year) May 27, 1857

7. AGE: Years 73 | Months | Days 1 | 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) Philadelphia Pa.

PARENTS

10. NAME OF FATHER John Rhoades

11. BIRTHPLACE OF FATHER (State or country) Not known (city or town)

12. MAIDEN NAME OF MOTHER ---Buchanan

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

14. Informant Harry S. Keffer

(Address) 4008 N. Randolph

15. Filed May 28 30, 19 J W Bodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 (Month) 28 (Day) 1930 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 30, 19.. to May 28 30, 19.. that I last saw her alive on May 28 30, 19.. and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

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

CONTRIBUTORY (Secondary) Pulmonary oedema

(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 W Bodman 19 (Address) ....., M. D.

* 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: Greenwood

DATE OF BURIAL: 5/31/30

20. UNDERTAKER: A. H. McLellan

ADDRESS: 617 N. Central

1 93710