

MARGIN RESERVED FOR BINDING. 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

1. PLACE OF DEATH
 County Graham State Arizona State File No. 120
 District or Township Yuma or Village _____ Registered No. 179
 City Yuma No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. FULL NAME Vergil Fay Allen
 (a) Residence, No. _____ (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 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>single</u>			16. DATE OF DEATH <u>7</u> / <u>19</u> / <u>1930</u> Month Day Year	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>7-19-30</u> to <u>7-19-30</u> , 19 <u>30</u> , that I last saw her <u>at home</u> on <u>7-19-30</u> , and that death occurred, on the date stated above, at <u>8:30 a.m.</u> The CAUSE OF DEATH* was as follows: <u>measles</u>	
6. DATE OF BIRTH (month, day and year) <u>7-7-30</u>	7. AGE Years _____ Months _____ Days _____	IF LESS than 1 day 14 hrs. or _____ min.		CONTRIBUTORY (Secondary) <u>measles</u> (duration) _____ yrs. _____ mos. _____ ds.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer <u>U</u>					18. Where was disease contracted If not at place of death? Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>J. W. Mackey</u> , M. D. <u>Yuma</u> 19 <u>30</u> (Address) <u>Yuma</u> *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) (State or country) <u>Yuma</u> <u>Arizona</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma</u> DATE OF BURIAL <u>7/24/30</u>	
10. NAME OF FATHER <u>S. E. Allen</u>					20. UNDERTAKER <u>Joe Rosberg</u>	
11. BIRTHPLACE OF FATHER (State or country) <u>Utah</u>					ADDRESS <u>Yuma</u>	
12. MAIDEN NAME OF MOTHER <u>Fay Cray</u>						
13. BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>						
14. Informant <u>G. S. Stott</u> (Address) <u>Yuma</u>						
15. Filed <u>Aug-8-1930</u> <u>J. W. Mackey</u> Registrar. <u>177 O. H. Lopez</u>						