1380

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

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

State File No. 198

1. PLACE OF DEATH

County Maricopa State Arizona Local Registrar's No. 2797.

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

City Phoenix No. ..... St., ... Ward

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

2. FULL NAME Edna Wolford

(a) Residence, No. 2521 W. Adams St., ... Ward. .....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurreed 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 W

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) Aug. 20, 1929

7. AGE Years Months 11 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) (State or country) Arizona

PARENTS

10. NAME OF FATHER Frank Wolford

11. BIRTHPLACE OF FATHER Clayton (city or town) (State or country) N. M.

12. MAIDEN NAME OF MOTHER Mary Abeyta

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

14. Informant (Address)

15. Filed Aug 19, 1930 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 15 (Day) 1930 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1930 to Aug 14, 1930, that I last saw her alive on Aug 14, 1930, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH* was as follows:

Enterocolitis

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (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? Phy Diag

(Signed) 8/15 1930 E. L. Hicks, M. D. (Address)

* 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 Forest Lawn

DATE OF BURIAL 8/16/30

20. UNDERTAKER A. H. McLellan 617 N. Central ADDRESS

I 33710