2840

MARGIN RESERVED FOR BINDING

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 213

Registered No. 3190

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township _____ or Village _____ or

City Phoenix No. _____ St., _____ Ward

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

2. FULL NAME Mrs Florence Wood

(a) Residence, No. 2 No 1 W. Chandler 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 38 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): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: R. A. Wood

6. DATE OF BIRTH (month, day and year): Nov 12 1892

7. AGE: 38 Years 38 Months Days 4 IF LESS than 1 day ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Mesa

(State or country) Ariz

PARENTS

10. NAME OF FATHER: Robt P Sellers

11. BIRTHPLACE OF FATHER (city or town) _____

(State or country) Arkansas

12. MAIDEN NAME OF MOTHER: Lucizza Nuber

13. BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Mesa

14. Informant: Roy A Wood

(Address)

15. Filed 12-2, 1930 J. W. Hoffman Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 16 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1930 to Nov 16, 1930, that I last saw h____ alive on _____, 19__, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Carcinoma of the colon

_____ (duration) ____ yrs. 8 mos. ____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Frank J Mullay, M. D.

19 (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: Mesa Cemetary

DATE OF BURIAL: 11-19-30

20. UNDERTAKER: Hockey Mortuary

ADDRESS