

777

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 149
County Registrar's - No.
Local Registrar's - No. 8

PLACE OF DEATH

1. County Preshaw
District Pima
Town or City Pima

2. FULL NAME ms Wilma mother Juliette
(a) Residence. No. (Usual place of abode) St. Ward
Length of residence in city or town where death occurred yrs. 1 mos 10 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 married
5a. If married, widowed, or divorced HUSBAND of Leon Edward Juliette (or) WIFE of
6. DATE OF BIRTH (month, day and year) Unknown
7. AGE Years 22 Months Days IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Nurse (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Pima (State or country) Arizona
10. NAME OF FATHER Lewis Matice
11. BIRTHPLACE OF FATHER Utah (State or country) Utah
12. MAIDEN NAME OF MOTHER Alis Cliff
13. BIRTHPLACE OF MOTHER Utah (State or country) Utah

14. Informant (Address) gestor Matice
15. Filed 74-8-31 J. N. Stratton Local Registrar.
Filed _____, 19 _____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 13 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1931 to Jan 13 1931 that I last saw her alive on Jan 13 1931 and that death occurred, on the date stated above, at 7:30 p.m. The CAUSE OF DEATH* was as follows: Pneumonia septica
CONTRIBUTORY (Secondary) Hypertensive (duration) yrs. mos. ds. unknown
18. Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of Jan 13-31
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) F. W. Butler M. D. (Address) 114 - 1931
* 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 Pima DATE OF BURIAL 114 - 1931
20. UNDERTAKER Joe Rowbery ADDRESS Pima

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
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.