4810

ery 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.

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

State File No. 430a

1. PLACE OF DEATH
County Pima State Arizona Registered No.
Township or Village or
City Ajo No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Willimina Davis
(a) Residence: No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus James Davis
6. DATE OF BIRTH (month, day, and year) Jan 16, 1850
7. AGE 81 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisiana, U.S.A.

FATHER
13. NAME Samuel McMichael
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret Jane Gable
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robbie Davis Kruse
(Address) Ajo, Ariz.

18. BURIAL, CREMATION, OR REMOVAL
Place Date, 19

19. UNDERTAKER H. A. Lyons
(Address) Ajo Ariz.

20. Filed Feb 25, 1931 John S. Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931, to Feb. 26, 1931
I last saw her alive on Feb. 26, 1931; death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchial asthma	1931
Cardiac dilatation	3 days ago

Other contributory causes of importance:

Senility	1930

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) V. R. Combs, M. D.
(Address) Ajo Ariz.