2129

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1[illegible]

Registered No. 343

1. PLACE OF DEATH

County Maricopa State Ariz

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 Katie W. Furr

(a) Residence, No. 1237 E. Portland St. Sh Ward.

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

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 16

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
64			

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) Comet, Co

(State or country) Texas

PARENTS

10. NAME OF FATHER W. W. George

11. BIRTHPLACE OF FATHER Charlestown (city or town)

(State or country) N. Carolina

12. MAIDEN NAME OF MOTHER Mary McSwain

13. BIRTHPLACE OF MOTHER (city or town)

(State or country) Florida

14. Informant Ethel Parker

(Address) 1237 E. Portland

15. Filed 3-18 1931 J. W. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 12 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1931 to Mar 12, 1931, that I last saw her alive on Mar 12, 1931, and that death occurred, on the date stated above, at 2:15 P. m. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(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? Clinical

(Signed) Cory Hughes, 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	DATE OF BURIAL
Mesa Cem.	Mar. 14, 31
20. UNDERTAKER	ADDRESS
M. L. G.	Mesa

3 22669

MARGIN R. [illegible]VED 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.