

2427

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 468

Registered No. 33

1. PLACE OF DEATH: County Pinal, State Ariz., Township Coolidge, City Coolidge. 2. FULL NAME: Dena Eileen Watson. (a) Residence: No. Coolidge, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX: Female, 4. COLOR OR RACE: White, 5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Infant, 6. DATE OF BIRTH: 1-31-1930, 7. AGE: 1 year, 8. Trade, profession, or particular kind of work done: Infant, 12. BIRTHPLACE: Casa Grande Ariz., 13. NAME: F.M. Watson, 14. BIRTHPLACE: Sanangels Tex, 15. MAIDEN NAME: Adelithian Gandy, 16. BIRTHPLACE: Salvaterra Ariz., 17. INFORMANT: F.M. Watson, Coolidge Ariz., 18. BURIAL, CREMATION, OR REMOVAL: Phoenix Ariz., Date 7-30-1931, 19. UNDERTAKER: D.C. Martin, Phoenix Arizona, 20. Filed: Apr 10, 1931, Registrar: D.C. Martin.

MEDICAL CERTIFICATE OF DEATH: 21. DATE OF DEATH: 3-28, 1931. 22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1931, to 3-28, 1931. I last saw her alive on 3-28, 1931; death is said to have occurred on the date stated above, at 4:45 P.M. The principal cause of death and related causes of importance were as follows: Broncho Pneumonia. Other contributory causes of importance: 100A. Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy? 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? If so, specify: (Signed) H.B. Steward, M.D. (Address) Phoenix Arizona

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.