8157

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

1. PLACE OF DEATH
County Yuma
Township Yuma State Arizona State File No. 574
City Yuma or Village Registered No. 76
No. or
(If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Jobe
(a) Residence: No. 11st St + Ave D St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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 Luther Jobe
6. DATE OF BIRTH (month, day, and year) Oct 4 1900
7. AGE Years 30 Months 6 Days 23 If LESS than 1 day, ... or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf
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) Texas

FATHER
13. NAME John D. Byrd
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Clara Hawkins
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT O. Johnson
(Address) Yuma Ariz.

18. BURIAL, CREMATION, OR REMOVAL
Place Yuma Cemetery Date 4/29, 1931

19. UNDERTAKER O. Johnson
(Address) Yuma Ariz.

20. Filed April 29, 1931 Mary A. Wupperman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. —, 1928, to April 27, 1931
I last saw her alive on April 27, 1931, death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary	
Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) John W. Stacey, M. D.
(Address) Yuma Ariz.