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MARGIN RESERVED FOR BINDING

N.B.—WRITE F[illegible] INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be [illegible]ed 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. 162

Registered No. 609

1. PLACE OF DEATH

County Maricopa State Arizona

Township ..... or Village ..... or

City Phoenix No. 1422 E. Jeffers on 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 20 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nora Williams

(a) Residence: No. 1422 E. Jefferson 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: Colored

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widowed

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

6. DATE OF BIRTH (month, day, and year) 1860

7. AGE: Years 71 | 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. Cook

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) North Carolina

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Win Wylie

(Address) Phoenix, Ariz.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Greenwood, Cem. Date 5/11, 19 31

19. UNDERTAKER J. T. Whitney

(Address) Phoenix, Arizona

20. Filed 5-11, 19 31 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/8, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to May 8, 1931

I last saw her alive on May 7, 1931; death is said to have occurred on the date stated above, at 5:45 a. m.

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

	Date of Onset
Age - Heart - Exhaustion	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Nice Neyle, M. D.

(Address) .....