

9722

MARGIN RESERVED FOR BINDING
N. B.—WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Gochise State Arizona Registered No. 164
 Township Douglas or Village
 City Douglas 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Berniece Johnson
 (a) Residence: No. 431-9 Ave 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) _____
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years _____ Months _____ Days 5 If LESS than 1 day, _____ or _____
 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) Douglas (State or country) Arizona
 13. NAME Richard Johnson
 14. BIRTHPLACE (city or town) Blanchester (State or country) Missouri
 15. MAIDEN NAME Marie Peters
 16. BIRTHPLACE (city or town) Madison (State or country) Arizona
 17. INFORMANT Richard Johnson (Address) _____
 18. BURIAL, CREMATION, OR REMOVAL
 Place Douglas Date 8-11-1931
 19. UNDERTAKER Porter & Co (Address) Douglas, Arizona
 20. Filed 8/11/31 Registrar B. J. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 11, 1931
 22. I HEREBY CERTIFY, That I attended deceased from August 9, 1931, to August 11, 1931.
 I last saw her alive on August 10, 1931; death is said to have occurred on the date stated above, at 5:30 am.
 The principal cause of death and related causes of importance were as follows:
Premature birth.
 Other contributory causes of importance: _____
 Name of operation None 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) B. J. Jones
 (Address) Camp Hill, Ariz.