9758

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, 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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 52

Registered No. 8

1. PLACE OF DEATH

County Gila State Ariz

District or Township _____ or Village _____ or

City _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Heath

(a) Residence, No. Prin Ariz St., _____ Ward. _____

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	white	

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

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

7. AGE Years Months Days Still born IF LESS than 1 day _____ hrs. or _____ min.

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) _____ (State or country)

PARENTS

10. NAME OF FATHER W. D. Heath

11. BIRTHPLACE OF FATHER Ariz (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Chloe Miller

13. BIRTHPLACE OF MOTHER Pine Arizona (city or town) (State or country)

14. Informant W. D. Heath (Address) Prin Ariz

15. Filed 8 4, 1931 C H Risser Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 4 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931 to Aug 4, 1931, that I last saw her alive on Still born, 19__, and that death occurred, on the date stated above, at 12:20 m. The CAUSE OF DEATH* was as follows:

Premature birth due to premature separation of placenta

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C H Risser, M. D. 19__ (Address) Payson Ariz

* 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
20. UNDERTAKER	ADDRESS