8220

BUREAU OF VITAL STATISTICS

State File No. 44

Local Registrar's No. 95

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

1. PLACE OF DEATH

County Graham State Arizona

District or Township Safford or Village St., Ward

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

2. FULL NAME Mirjan Elizabeth West

(a) Residence, No. Safford St., Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 42 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)
Female	White	Married

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

6. DATE OF BIRTH (month, day and year) Nov. 16-1876

7. AGE Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
54	10	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Lone Oak County Arkansas

PARENTS

10. NAME OF FATHER Berry

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

12. MAIDEN NAME OF MOTHER Laura Raddle

13. BIRTHPLACE OF MOTHER U. S. (city or town) (State or country)

14. Informant Will Wanley (Address) Safford Ariz.

15. Filed 10/8/, 1931 J. N. Stratton Registrar. By J. H. Lopez

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 19 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1931 to Sept 19, 1931 that I last saw her alive on Sept 19 1931 and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows:

Carcinomatosis - Uterus, Gastric

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

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

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. W. Brandon, M. D. (Address) Arizona Pima 19

* 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 Kimball Cem

DATE OF BURIAL Sept 21-31

20. UNDERTAKER N. C. Rawson ADDRESS Safford

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.

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