

357

MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY 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 Pima State Arizona State File No. 314
 Township _____ or Village _____ Registered No. 970
 City Tucson No. McKee Sanatorium 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... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie J. Nace
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Nov 25, 1931</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>6/15</u> , 19 <u>31</u> to <u>11/25</u> , 19 <u>31</u> I last saw <u>him</u> alive on <u>11/25</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>10 am</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u> Other contributory causes of importance:
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>George James Naces</u>	6. DATE OF BIRTH (month, day, and year) <u>Jan 31-1891</u>	7. AGE Years <u>39</u> Months <u>9</u> Days <u>24</u> It LESS than 1 day... hrs. or... min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	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)	
12. BIRTHPLACE (city or town) (State or country) <u>Richland Iowa</u>					Name of operation _____ Date of _____	
13. NAME <u>R. E. Kime</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or country) <u>North Carolina</u>					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.	
15. MAIDEN NAME <u>Mary A. Harris</u>					Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
17. INFORMANT (Address) <u>Mr. G. Kime</u> <u>938 No. Cherry</u>					Signed) _____ M. D. (Address) _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Richland, Iowa</u> Date <u>11/26, 1931</u>						
19. UNDERTAKER (Address) <u>Arizona Mortuary Inc.</u> <u>Tucson, Arizona</u>						
20. Filed <u>12-2-</u> , 19 <u>31</u> <u>James H. Howard</u> Registrar						