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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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. .....

Registered No. 39

1. PLACE OF DEATH

County Pima State Arizona

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

City Tucson No. Southern Methodist Hospital 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 Baby Arnold

(a) Residence: No. ..... 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: White

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

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

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1932

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
XX	XX	XX	

OCCUPATION

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) Tucson (State or country) Arizona

FATHER

13. NAME O. C. Arnold

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Beulah Ashby

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT O. C. Arnold (Address) 517 E. Second St. Tucson

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Cemetery Date 1--18--32

19. UNDERTAKER Parker-Grimshaw Und. Co. (Address) Tucson, Arizona.

20. Filed Jan. 20, 1932 Lewis St. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932, to ....., 19....

I last saw it alive on ....., 19....: death is said to have occurred on the date stated above, at 12:45 pm.

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

Toxemia of Pregnancy in Mother

Death of fetus and premature birth.

Date of Onset

Other **contributory causes** of importance:

Name of operation Premature birth Date of Jan 17

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Clara E. Webster M. D.

(Address) Tucson, Ariz.