

1476

DEATH

ive healthfulness of or over. If the de-ly employed may be write housewife in rvice for wages, how- For a person who

ative," etc. Find out "mill," etc. State the

civil engineer, mechani-precise statement of the penter, painter, machin-o sells goods should be

n which causes death, disease or injury causing d any important compli-ant diseases or injuries.

and related Date of onset
ows: 1 week ago
1 week ago
3 days ago

importance: 1 year

CIAN

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH**

State File No. 453
Registered No. 65

1. PLACE OF DEATH
County Yuma State Arizona or Village _____ or City _____ No. _____ St. _____ Ward _____
death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town _____ death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mina May Newberry
(a) Residence: No. Southern St. _____ Ward _____ (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>January 13, 1932</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>August 4-1897</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 7, 1932</u> to <u>Jan 13, 1932</u> I last saw her alive on <u>Jan 13, 1932</u> death is said to have occurred on the date stated above, at <u>6:30 A.M.</u>	
6. DATE OF BIRTH (month, day, and year)				The principal cause of death and related causes of importance were as follows: <u>Bronchitis Pneumonia</u>	
7. AGE	Years <u>34</u>	Months <u>5</u>	Days <u>9</u>	If LESS than 1 day _____ hrs. or _____ min.	Date of Onset <u>12/24/31</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wife</u>			of flu	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Other contributory causes of importance:	
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Texas</u> (State or country)					
FATHER	13. NAME <u>B.W. Brock</u>			Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) <u>Georgia</u> (State or country)			Was there an autopsy? <u>No</u>	
MOTHER	15. MAIDEN NAME <u>Ophelia Kennedy</u>			23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? _____ Date of injury _____, 19 _____	
	16. BIRTHPLACE (city or town) <u>Arkansas</u> (State or country)			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT (Address) <u>Yuma Arizona</u>			Manner of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Cemetery 1/15/32</u>			Nature of injury _____		
19. UNDERTAKER (Address) <u>Yuma Arizona</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
20. Filed <u>2-6-32</u> Registrar <u>W. H. ...</u>			If so, specify _____ (Signed) <u>Raymond R. ... M.D.</u> (Address) <u>Southern ...</u>		