

1623

MARGIN RESERVED FOR BINDING
N. B.—WRITE ONLY, 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 Maricopa State Arizona State File No. 110
 Township Phoenix or Village Phoenix Registered No. 179
 City Phoenix No. 1714 or Institution W. J. ...
 Length of residence in city or town where death occurred 7 yrs. 2 mos. 14 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Rachel E. Wix
 (a) Residence: No. Phoenix (Usual place of abode) St. Phoenix Ward Phoenix (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widow
 6a. If married, widowed, or divorced HUSBAND of Mr. R. E. Wix (or) WIFE of Mr. R. E. Wix
 6. DATE OF BIRTH (month, day, and year) Feb 1 1932
 7. AGE Years 72 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) (state or country) Mo
 13. NAME Wm. Hall
 14. BIRTHPLACE (city or town) (State or country) Mo
 15. MAIDEN NAME Miss M. E. ...
 16. BIRTHPLACE (city or town) (State or country) Mo
 17. INFORMANT (Address) Family
 18. BURIAL, CREMATION, OR REMOVAL (Place) Home Date 4/19/32
 19. UNDERTAKER (Address)
 20. Filed 2-12-32 Registrar W. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1932
 I HEREBY CERTIFY that I attended deceased from Jan 20 1932 to Feb 1 1932
 I last saw her alive on Feb 1 1932 death is said to have occurred on the date stated above, at Phoenix
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of Onset
 Other contributory causes of importance:
Senility
 Name of operation None Date of None
 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? None Date of injury None, 1932
 Where did injury occur? None (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) W. J. ... M. D.
 (Address) 211 Goodrich Bldg.