

2320

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 <u>MARICOPA</u>		State <u>ARIZONA</u>		State File No. <u>261</u>	
Township		City <u>GILBERT (6 Miles East)</u>		or Village		Registered No. <u>43</u>	
(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 <u>6</u> mos. <u>3</u> ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.							
2. FULL NAME <u>CECIL NEW</u>		(a) Residence: No. <u>Dallis, Texas</u>		St. <u>Dallis</u> Ward.		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)		21. DATE OF DEATH (month, day, and year) <u>MARCH 30, 1932</u>			
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>		HEREBY CERTIFY That I attended deceased from <u>March 29, 1932</u> to <u>Mar 30, 1932</u>			
5a. If married, widowed, or divorced		HUSBAND of <u>LEE ALEXANDER NEW</u>		I last saw her alive on <u>Mar 29, 1932</u> ; death is said to have occurred on the date stated above, at <u>9:10 A. M.</u>			
6. DATE OF BIRTH (month, day, and year) <u>JAN. 22, 1905</u>							
7. AGE		Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.		
<u>37</u>		<u>2</u>	<u>8</u>				
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) <u>11-1-31</u>		11. Total time (years) spent in this occupation <u>6</u>		22. The principal cause of death and related causes of importance were as follows: <u>Tuberculosis of lungs made worse by exposure. No home, bedding, food, help.</u>			
12. BIRTHPLACE (city or town) (State or country) <u>DALLIS TEXAS</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.					
13. NAME <u>B. F. ALLEN</u>		Name of operation _____ Date of _____					
14. BIRTHPLACE (city or town) (State or country) <u>DALLIS TEXAS</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____					
15. MAIDEN NAME * <u>BEETS</u>		24. Was disease or injury in any way related to occupation of deceased? _____					
16. BIRTHPLACE (city or town) (State or country) <u>DALLIS TEXAS</u>		If so, specify _____ (Signed) <u>E. O. Penshaw</u> M. D. (Address) <u>Mesa Ariz.</u>					
17. INFORMANT <u>LEE ALEXANDER NEW</u>		Manner of injury _____					
(Address) <u>GILBERT ARIZONA</u>		Nature of injury _____					
18. BURIAL, CREMATION, OR REMOVAL		24. Was disease or injury in any way related to occupation of deceased? _____					
Place <u>MESA ARIZONA</u> Date <u>MARCH 31, 1932</u>		If so, specify _____ (Signed) _____ M. D. (Address) _____					
19. UNDERTAKER <u>MELDRUM MORTUARY</u>							
(Address) <u>MESA ARIZONA</u>							
20. Filed <u>March 31, 1932</u> <u>John Meldrum</u>							
Registrar.							