2770

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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 218

Registered No. 15

1. PLACE OF DEATH

County Maricopa State Ariz

Township Chandler or Village

City No. or

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza J. Coder

(a) Residence: No. Chandler West Boston St

(Usual place of abode) St. Ward (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (month, day, and year) Mar 25 1839

7. AGE Years 93 Months 0 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Clinton Co Mo.

FATHER

13. NAME Lemuel Watkins

14. BIRTHPLACE (city or town) (State or country) Lexington Ky.

MOTHER

15. MAIDEN NAME Isabelle Hicks

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

17. INFORMANT (Address) Belle C Amsil Chandler Ariz

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa Cem. Date Apr 23 1932

19. UNDERTAKER (Address) M. L. Gibbons Mesa Ariz

20. Filed , 19 Jas. M. Nusson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1932, to Apr 22 1932

I last saw her alive on 4-20, 1932 death is said to have occurred on the date stated above, at 9 30 P.

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

	Date of Onset
Arteriosclerosis	DK

Other contributory causes of importance:

Pyelitis	4-1-32

Name of operation None Date of

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? No

If so, specify

(Signed) Jas. M. Nusson M. D.

(Address) Chandler Ariz