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BUREAU OF VITAL STATISTICS ARIZON ATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 69

Local Registrar's No. 40

1. PLACE OF DEATH

County Graham

District or Township Safford

City Pima

Village Pima

No. (If death occurred in a hospital or institution, give its NAME instead of street and number). St. Ward

2. FULL NAME Emily Liner

(a) Residence, No. Pima, Arizona St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

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

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

6. DATE OF BIRTH (month, day and year) 7-15-1850

7. AGE: Years 81 | Months 9 | Days 20 | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Colton (State or country) Illinois

PARENTS

10. NAME OF FATHER Samuel Weech

11. BIRTHPLACE OF FATHER Somerset (city or town) (State or country) England

12. MAIDEN NAME OF MOTHER Elizabeth Vould

13. BIRTHPLACE OF MOTHER New Null (city or town) (State or country) England

14. Informant Jos. H. Liner

(Address) Pima, Ariz.

15. Filed May 18, 1932 J. N. Shelton Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6 1932 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 6, 1932 that I last saw her alive on May 5, 1932 and that death occurred, on the date stated above, at 1:15 a m. The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

72 h

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Excessive gas in stomach (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) O. N. Brandon, M. D.

May 6-32 Pima 19 (Address) Arizona

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Pima Arizona

DATE OF BURIAL: May 8-32

20. UNDERTAKER: N. C. Rawson

ADDRESS: Safford.

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.

M. O. B. Lopez