

MARGIN RESERVED FOR BINDING  
N. B.—WRITE IN INK, 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 Yuma State Arizona State File No. 439  
 Township Yuma or Village \_\_\_\_\_ Registered No. 92  
 City Yuma No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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: 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Bertha Daniels  
 (a) Residence: No. Island 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>negro</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>married</u>	21. DATE OF DEATH (month, day, and year) <u>May 30</u> , 19 <u>32</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
5a. If married, widowed, or divorced, state name of husband or wife <u>Robert Daniels</u>	6. DATE OF BIRTH (month, day and year) <u>February 18 1898</u>		Last saw h. _____ alive on _____, 19____; death said to have occurred on the date stated above, at <u>12:05 P.M.</u>		The principal cause of death and related causes of importance were as follows: <u>accidental drowning</u> Date of Onset <u>5/30/32</u>
7. AGE Years <u>33</u> Months <u>3</u> Days <u>12</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Huf</u>		Other contributory cause of importance: <u>NO</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)		11. Total time (years) spent in this occupation		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: accidental, suicide, or homicide? <u>accidental</u> Date of injury <u>5/30/32</u> Where did injury occur? <u>Boyle Lake Yuma</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____ Nature of injury <u>drowning</u> 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ Signed <u>E. J. Freeman Coronar</u> (Address) <u>Yuma Arizona</u>
12. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>	13. NAME <u>Park C Manning</u>		14. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		
15. MAIDEN NAME <u>Harnett Standifer</u>	16. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		17. INFORMANT (Address) <u>Yuma Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Diego Calif</u> Date <u>May 31</u> , 19 <u>32</u>	19. UNDERTAKER (Address) <u>Yuma Arizona</u>		20. Filed <u>May 31</u> , 19 <u>32</u> <u>Mary W. Huffman</u> Registrar.		