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MARGIN RESERVED FOR BINDING. 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.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Graham State Oregon
District or Township Safford or Village
City Safford No. Morris-Squibb St.
2. FULL NAME Paylene Preston Drew
(a) Residence, No. 1111 Arizona St.
Length of residence in city or town where death occurred 40 yrs. 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. Widow
6a. If married, widowed, or divorced HUSBAND of Edward Drew. (or) WIFE of
6. DATE OF BIRTH (month, day and year) Nov 21-1872
7. AGE Years 60 Months 7 Days 4 IF LESS than 1 day 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) (State or country) W. Virginia
10. NAME OF FATHER Thomas Preston
11. BIRTHPLACE OF FATHER (State or country) Ky (city or town)
12. MAIDEN NAME OF MOTHER Hannah J. Rose
13. BIRTHPLACE OF MOTHER (State or country) W. Virginia (city or town)
14. Informant Mrs. Max Brenner (Address) Safford Arizona
15. Filed Aug. 8, 1932 J. N. Shatto Registrar. By G. H. Lopez

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH July 23, 1932
17. I HEREBY CERTIFY, That I attended deceased from 7-22, 1932 to 7-24, 1932 that I last saw him alive on 7-24, 1932.
18. CAUSE OF DEATH* as follows: Intestinal Obstruction
19. PLACE OF BURIAL, CREMATION OR REMOVAL Pima Arizona DATE OF BURIAL July 27-32
20. UNDERTAKER W. C. Rawson ADDRESS Safford.