1644

MARGIN RESERVED FOR BINDING

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.

STANDARD CERTIFICATE OF DEATH

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 267

1. PLACE OF DEATH
County Pima State Ariz
Township ..... Registered No. .....
City Yo or Village ..... or
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 ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Marshall
(a) Residence: No. Yo Ariz St., ..... Ward.
(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. M. Marshall
6. DATE OF BIRTH (month, day, and year) March 1873
7. AGE Years 59 Months 5 Days (?) If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 40

12. BIRTHPLACE (city or town) (State or country) New Tasker Arkansas

FATHER
13. NAME George Beard
14. BIRTHPLACE (city or town) (State or country) D. not know

MOTHER
15. MAIDEN NAME Anna P.
16. BIRTHPLACE (city or town) (State or country) D. not know

17. INFORMANT (Address) John Brown Yo, Ariz
18. BURIAL, CREMATION, OR REMOVAL Place Yo, Ariz Date 8/12, 1932
19. UNDERTAKER (Address) H. L. Lyons Yo Ariz
20. Filed 8/12/, 1932 John S. Elford

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/12, 1932
22. I HEREBY CERTIFY, That I attended deceased from For Post Several years, 19.....
I last saw her alive on July, 1934, death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Chronic Interstitial | |
| Nephritis | |

Other contributory causes of importance:
Chronic Endocarditis

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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 None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. B. Patton