1760

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]AINLY, WITH UNFADING INK—THIS IS A PERMANE[illegible] RECORD. Every item of information should be carefully supplied. AGE should be [illegible]ted 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.

Reverts

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

State File No. 341

1. PLACE OF DEATH State Arizona Registered No. 132

County Yuma or

Township Yuma or Village ..... St., ... Ward

City Yuma No. ..... (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 Phoebe Jane Johnson

(a) Residence: No. 842 - 6th Ave. St., ... Ward. ..... (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Widowed

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1861

7. AGE Years 71 Months 0 Days 26 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 .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Asa Sherif Broady

14. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

MOTHER

15. MAIDEN NAME Mary Anne Davis

16. BIRTHPLACE (city or town) (State or country) Knoxville Tenn.

17. INFORMANT (Address) Marian J. Smallseed 842 - 6th Ave. Yuma

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Yuma Cemetery Date Aug 31, 1932

19. UNDERTAKER (Address) F. H. Johnson Yuma Arizona

20. Filed Aug 31, 1932 Mary A. Wupperman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1932 to 8-29, 1932

I last saw her alive on 8-27, 1932, death is said to have occurred on the date stated above, at 11:30 P.m.

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

	Date of Onset
Heart prostration	

Other contributory causes of importance:

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:

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) Paul R. Roberts, M. D.

(Address) Yuma Ariz