

2102

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

1. PLACE OF DEATH State File No. 2901 County Yavapai, State Arizona Registered No. 86 District or Township Ash Fork or City No. Ward

2. FULL NAME Mrs. Carma McBride (a) Residence No. Seligman, Ariz. Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married 5a. If married, widowed, or divorced, Married Widowed (or) WIFE of Douglas McBride 6. DATE OF BIRTH (month, day and year) Sept - 10 - 1909 7. AGE Years 24 Months Days 11 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) Monroe Utah (State or country) 10. NAME OF FATHER L. J. Nielson 11. BIRTHPLACE OF FATHER Mt Pleasant Utah (State or country) 12. MAIDEN NAME OF MOTHER Jennie Olmstead 13. BIRTHPLACE OF MOTHER Lulu Utah (State or country) 14. Informant Ray Nielson (Address) Seligman Arizona 15. Filed 10/10 1932 Maude L. Connor Registrar

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (month, day, and year) 9-21-32 17. I HEREBY CERTIFY, that I held coroner's inquest 9-21-32. and that death occurred, on the date stated above, at 9 p. m. The CAUSE OF DEATH* was as follows: De Soto 1929 Auto ran off of highway #66, and overturned into 12 foot deep gulch, 6 Mi. west of Ash Fork, Arizona. CONTRIBUTORY Cause Accidental. Cause (Secondary) unknown (Occupation) Skull 18. Where was disease contracted if not at place of death? Did an operation precede death? NO Was there an autopsy? NO What test confirmed diagnosis? (Signed) J. C. Pate, Coroner. Ash Fork, 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. 19. PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Kingman Ariz Sept 24-32 20. UNDERTAKER ADDRESS C. P. Van Marter Kingman Ariz

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.