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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.

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

1. PLACE OF DEATH  
County Graham State Arizona State File No. 79  
District or Township Safford or Village Sanchez Local Registrar's No. 86  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
2. FULL NAME Bula Carver  
(a) Residence, No. Solonville St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED married  
6. DATE OF BIRTH (month, day and year) July 9, 1881  
7. AGE Years 51 Months 8 Days 1 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) (State or country) Texas  
10. NAME OF FATHER Wm Beverly Taylor  
(State or country) \_\_\_\_\_ (city or town) \_\_\_\_\_  
11. BIRTHPLACE OF FATHER \_\_\_\_\_  
(State or country) \_\_\_\_\_ (city or town) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Taylor  
13. BIRTHPLACE OF MOTHER \_\_\_\_\_  
(State or country) \_\_\_\_\_ (city or town) \_\_\_\_\_

PARENTS

14. Informant M. E. Carver  
(Address) Sanchez, Graham Co., Ariz.  
15. Filed 12/15/32 J. H. Datta  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 8, 1932  
Month Nov Day 8 Year 1932  
17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1930 to Nov 8, 1932 that I last saw her alive on Nov 5, 1932 and that death occurred, on the date stated above, at 9:00 a. m. The CAUSE OF DEATH\* was as follows:  
Carcinoma of liver.  
(duration) 1 yrs. 6 mos. — da.  
CONTRIBUTORY General Anasarca  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 da.  
18. Where was disease contracted? at place of death  
Was there an autopsy? NO  
What test confirmed diagnosis? Chemical  
(Signed) J. H. Datta, M. D.  
Nov. 8, 1932 (Address) Safford  
\* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Solonville DATE OF BURIAL 11/9/32  
20. UNDERTAKER M. E. Carver ADDRESS Solonville

14 D. H. Carver