

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 Cochise State Arizona Bureau of Vital Statistics State File No. 47
 District or Township St. David or Village _____ Local Registrar's No. _____
 City St. David No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. FULL NAME Charlotte Pranner Bucky
 (a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____
 Length of residence in city or town where death occurred 10 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 Or 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
 (Write the word)

5a. If married, widowed, or divorced
 HUSBAND of Henry Or. Bucky
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) July 31, 1902

7. AGE Years 30 Months 5 Days 30 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) lived in her home with husband & child
 (c) Name of employer _____

9. BIRTHPLACE (city or town) Perry (State or country) Idaho

10. NAME OF FATHER O. H. Pranner

11. BIRTHPLACE OF FATHER Idaho (State or country) _____ (city or town) _____

12. MAIDEN NAME OF MOTHER Minnie Lyman

13. BIRTHPLACE OF MOTHER Idaho (State or country) _____ (city or town) _____

14. Informant H. Or. Bucky (Address) St. David, Arizona

15. Filed Dec 31, 1932 W. H. Christensen Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 - 31 - 1932
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932 to Dec. 31, 1932, that I last saw her alive on Dec. 31, 1932, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH* was as follows:
Pneumo Pneumonia, Influenza

(duration) _____ yrs. _____ mos. 4 ds.
 CONTRIBUTORY miscariage, Dec. 30, 1932
 (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? clinical
 (Signed) Richard E. Yellow, M. D. Jan. 1, 1933 (Address) Buenavista, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL St. David Cemetery DATE OF BURIAL January 2, 1933

20. UNDERTAKER Burd B. Family ADDRESS _____