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MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, 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.

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

State File No. 241

1. PLACE OF DEATH

County Maricopa State Arizona Registered No. 195

Township ____ or Village ____ or

City Phoenix No. 1615 E Cocapo 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 0 yrs. 3 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Wanda Lillian Lord

(a) Residence: No. Route 9 Box 277 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 White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 22, 1932

7. AGE Years 0 Months 3 Days 3 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Phoenix (state or country) Arizona

FATHER

13. NAME LH Lord

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Wheel er

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT LH lord (Address) Route 9 Box277

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Date Jan 26, 1933

19. UNDERTAKER A. L. Moore and Sons (Address) Phoenix, Arizona

20. Filed 2-8, 1933 L M Allinis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1933, to Jan. 25, 1933

I last saw her alive on Jan 25, 1933; death is said to have occurred on the date stated above, at 8:30 P.m.

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

	Date of Onset
Marasmus	

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Clinical 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) [illegible], M. D.

(Address) 407 Luhrs Bldg.