9664

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 85

Registered No. 19

1. PLACE OF DEATH

County Gila State

District or Township or Village

City Globe No. (If death occurred in a hospital or institution, give its NAME instead of street and number). St., Ward

2. FULL NAME Ruth Jamela Hammond

(a) Residence. No. Globe St., Ward 183

(Usual place of abode) (If non-resident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

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

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

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

7. AGE: Years 24 | Months | Days | 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) Dexter New Mex (State or country)

PARENTS

10. NAME OF FATHER H. C. Hammond

11. BIRTHPLACE OF FATHER (city or town) Ala Farm (State or country)

12. MAIDEN NAME OF MOTHER Reynolds

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

14. Informant Mrs Arlie Hammond

(Address)

15. Filed 4/7, 1933 E. E. Wightman Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch 27 1933 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Drowning in Gila River about 7 miles below Coolidge Dam

accidental

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

..... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Rice Coroner, M. D.

19 (Address)

* 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: Globe Cemetery | DATE OF BURIAL: Mch 30-33

20. UNDERTAKER: Miles Mortuary | ADDRESS: Globe