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MARGIN RESERVED FOR BINDING
N. B.—WRITE PENNLY, 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 Maricopa State Arizona State File No. 156
 Township _____ or Village _____ Registered No. 539
 City Phoenix No. St. Josephs Hospital 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 3 yrs. 3 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME BEULAH ASHBY ARNOLD
 (a) Residence: No. Tucson, Ariz. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Apr. 22, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>O. C. Arnold</u>				22. I HEREBY CERTIFY That I attended deceased from <u>Jan. 28, 1933, to April 22, 1933</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 10, 1888</u>				I last saw her alive on <u>April 27, 1933</u> . death is said to have occurred on the date stated above, at <u>2:30 PM</u>		
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		The principal cause of death and related causes of importance were as follows:		
Years <u>44</u>	Months <u>9</u>	Days <u>12</u>	Housewife	<u>Gradual dislocation of C. V. with complete severance of the spinal cord.</u>		Date of Onset <u>Jan 28</u>
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) (state or country) <u>El Dorado, Illinois</u>		13. NAME <u>J. L. Ashby,</u>		Other contributory causes of importance: <u>Chronic pulmonary emphysema of long standing.</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>		15. MAIDEN NAME <u>Mary Gates</u>		Name of operation <u>None</u> Date of _____		
16. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>		17. INFORMANT <u>J. L. Ashby</u> (Address) <u>2538 N. Richland St.</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood Cemetery</u> Date <u>4/24, 1933</u>		19. UNDERTAKER <u>Grimshaw-Acton Mortuary</u> (Address) <u>Phoenix, Ariz.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>Jan 28, 1933</u> Where did injury occur? <u>Near Chandler, Arizona</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Automobile accident</u>		
20. Filed <u>4-25, 1933</u>		24. Was disease or injury in any way related to occupation of deceased? _____		Manner of injury <u>Car turned over</u> Nature of injury <u>Cr. Dislocation of C. V. with sever. cord</u>		
				If so, specify _____ (Signed) <u>J. W. Greer</u> M. D. (Address) <u>Phoenix, Ariz.</u>		