

2366

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH: County Maricopa, State Arizona, City Phoenix, No. 1825 Alvarado. 2. FULL NAME: Gladys Virginia Ford, Residence: No. 1825 Alvarado, St. 23, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female, 4. COLOR OR RACE: White, 5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Married, 6. DATE OF BIRTH: March 23, 1892, 7. AGE: 41 years, 1 month, 7 days, 8. OCCUPATION: Housewife, 12. BIRTHPLACE: St. Joseph's Co., Indiana, 13. NAME: John B. Fair, 14. BIRTHPLACE: Indiana, 15. MAIDEN NAME: Hattie G. Reasberger, 16. BIRTHPLACE: Indiana, 17. INFORMANT: Leigh Ford, 18. BURIAL: Greenwood, Date: May 2, 1933, 19. UNDERTAKER: A. H. McLellan, 20. Filed: S-8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Apr. 30, 1933, 22. I HEREBY CERTIFY. That I attended deceased from May 16, 1929, to April 30, 1933. I last saw her alive on April 30, 1933. The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis, Date of Onset: 1927. Other contributory causes of importance: None. Name of operation: None. What test confirmed diagnosis? X-ray. Was there an autopsy? No. 23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? None. Date of injury: None. Where did injury occur? None. (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury: None. Nature of injury: None. 24. Was disease or injury in any way related to occupation of deceased? No. If so, specify: Fred C. Holmes, M. D., (Address) 154 Monroe, Phoenix, Ariz.

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. 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.