

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

1. PLACE OF DEATH
County Maricopa State Arizona State File No. 52
District or Township Safford or Ward Local Registrar's No. 108
City Pima No. (If deceased in a hospital or institution, give its NAME instead of street and ward)

2. FULL NAME Jennie Allen East
(a) Residence, No. Pima, Ariz. St., 108 Ward. 108
Length of residence in city or town where death occurred 48 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 Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. East

6. DATE OF BIRTH (month, day and year) Feb. 24-1868
7. AGE Years 75 Months 3 Days 18 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Roanoke Va (State or country) U. S. A.

10. NAME OF FATHER John Webster

11. BIRTHPLACE OF FATHER Virginia (State or country) U. S. A.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER U. S. A. (State or country) (city or town)

14. Informant J. F. East (Address) Pima Arizona

15. Filed 7/18/33 J. H. Walker Registrar. No. 22974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 12 1933
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to June 12, 1933 that I had not been alive on June 12, 1933 and that death occurred on the date stated above, at 1 P. M. The CAUSE OF DEATH is as follows:

Arteriosclerosis - Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Age (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? None

(Signed) D. M. Brandon, M. D. Pima 19 (Address) 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 Pima Ariz DATE OF BURIAL June 13/33

20. UNDERTAKER H. C. Rawson ADDRESS Safford

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.