

4925

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Pima State ARIZONA State File No. 334
 Township _____ or Village _____ Registered No. 767
 City Tucson No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) _____ Ward _____
 Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mrs Ola May Cushman How long in State when death occurred 3 yrs. _____ mos. _____ ds.
 (a) Residence: No. County Hospital St. _____ Ward _____ (If non-resident 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>9-25-33</u> , 19	22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> , 19 <u>33</u> , to <u>Sept 25</u> , 19 <u>33</u> I last saw her alive on <u>Sept 24</u> , 19 <u>33</u> ; death is said to have occurred on the date stated above, at <u>4:45 PM</u> a. The principal cause of death and related causes of importance were as follows: <u>Basal ganglia pneumonia</u> <u>tuberculosis</u> Date of Onset _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>C. C. Cushman</u>			6. DATE OF BIRTH (month, day, and year) <u>Dec. 2. 1911.</u>	Other contributory causes of importance: _____	
7. AGE		Years <u>21</u>	Months <u>9</u>	Days <u>23.</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</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>Guthrie, Okla.</u>					
MOTHER	13. NAME <u>Walter Williams.</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Texas Co. Mo.</u>				
	15. MAIDEN NAME <u>Lucy Murphey.</u>				
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Texas Co. Mo.</u>				
	17. INFORMANT <u>Audie Williams</u> (Address) _____				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Evergreen Cemetery</u> Date <u>9-27-33.</u>					
19. UNDERTAKER <u>Parker-Grimshaw Und Co.</u> (Address) <u>Tucson Ariz.</u>					
20. Filed <u>Sept 26 1933</u> <u>Fernis W. Howard</u> Registrar (Address) <u>Tucson Ariz.</u>					
21. Was disease or injury in any way related to occupation of deceased? _____					
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. If so, specify _____ (Signed) <u>Jack H. Eason</u> M. D. _____ (Address) <u>Tucson Ariz.</u>					