2332

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

State File No. 280 861

1. PLACE OF DEATH
County Pima State ARIZONA Registered No.
Township or Village or
City Tucson No. Southern Methodist Hosp. 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 5 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.
2. FULL NAME Mrs. Cornelia C. Richards How long in State when death occurred? 5 yrs. mos. ds.
(a) Residence: No. 1133 No. 4th Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

200a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Richards
6. DATE OF BIRTH (month, day, and year) Feb. 17, 1893
7. AGE 40 Years Months 8 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
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) Ionia, Mich.

FATHER
13. NAME J.H. Canfield
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Mary L. Benidict
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT (Address) Joseph H. Canfield
18. BURIAL, CREMATION, OR REMOVAL Removal
Place Ionia, Mich. Date 11-1-33 19
19. UNDERTAKER (Address) Parker-Grimshaw Co. Tucson, Arizona.
20. Filed 10-31, 1933 Lewis H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-26-33, 19
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Oct 26, 1933
I last saw her alive on Oct 26, 1933; death is said to have occurred on the date stated above, at 7:50A. m.
The principal cause of death and related causes of importance were as follows: Shock following gall bladder operation. Hepatic insufficiency
Date of Onset
Other contributory causes of importance:
Name of operation Cholecystostomy Date of Oct. 13, 1933
What test confirmed diagnosis? — Was there an autopsy? no
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. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. C. Bledsoe, M. D.
(Address) Tucson Ariz

Back of Certificate to be used for any Additional Information

20M 4-19-33 MS 48294 Form 3