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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 <u>Pima</u> State <u>ARIZONA</u>		State File No. <u>384</u>		
Township.....		or Village.....		Registered No. <u>115</u>		
City <u>Tucson</u>		No. <u>St Marys Hospital</u>		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 <u>Unknown</u> mos..... ds.		How long in U. S. if of foreign birth..... yrs..... mos..... ds.		
2. FULL NAME <u>Mrs. Addie Traweek</u>		How long in State when death occurred <u>Unknown</u> yrs..... mos..... ds.				
(a) Residence: No. <u>218 No. 3rd. Ave</u>		St.,..... Ward.....		(If non-resident give city or town and State)		
(Usual place of abode)						
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)		21. DATE OF DEATH (month, day, and year) <u>May 27, 1934</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ernest Lee Traweek</u>		6. DATE OF BIRTH (month, day, and year) <u>Feb 9, 1878</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 5, 1934</u> to <u>May 27, 1934</u>		
7. AGE Years <u>56</u> Months <u>3</u> Days <u>19</u>		If, LESS than 1 day,.....hrs. or.....min.		I last saw h. <u>ET</u> alive on <u>May 27, 1934</u> death is said to have occurred on the date stated above, at <u>9 P.M.</u>m.		
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.....		The principal cause of death and related causes of importance were as follows:	
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....		Date of Onset	
MOTHER / FATHER	12. BIRTHPLACE (city or town) (state or country) <u>Wichita Kansas</u>		13. NAME <u>Harding</u>		Name of operation..... Date of.....	
	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>		15. MAIDEN NAME <u>Unknown</u>		What test confirmed diagnosis? <u>Anal</u> Was there an autopsy? <u>no</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>		17. INFORMANT <u>St. Marys Hospital records Tucson, Arizona.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Evergreen Cemetery</u> Date <u>May 30, 1934</u>		19. UNDERTAKER <u>Arizona Mortuary Inc. Tucson, Arizona.</u>		Where did injury occur <u>at home</u> (Specify city or town, county and State)	
20. Filed <u>5-29-34</u> <u>Louis W. Humphreys</u> Registrar				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) <u>Jack B. Pearson</u> M. D.		
				(Address) <u>Tucson Arizona</u>		