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DR. WATTS

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Gila State ARIZONA  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 How long in U. S. \_\_\_\_\_ of foreign birth? \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Betty Jean Ollson  
 (a) Residence: No. # 3 Monroe St. How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Usual place of abode) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Infant  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Oct. 19, 1933  
 7. AGE Years \_\_\_\_\_ Months 9 Days 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to July 31, 1934  
 I last saw her alive on July 31, 1934; death is said to have occurred on the date stated above, at 8.40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Bacillary Dysentery  
 Date of Onset 7/21/34  
 Other contributory causes of importance:  
Bronchopneumonia 7/29/34  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) [Signature] M. D.  
 (Address) Miami, Arizona.

12. BIRTHPLACE (city or town) Miami, Arizona.  
 13. NAME Archie Ollson  
 14. BIRTHPLACE (city or town) Globe, Arizona.  
 15. MAIDEN NAME Pearl Boggs  
 16. BIRTHPLACE (city or town) Calxico, California  
 17. INFORMANT Archie Ollson  
 (Address) Miami, Arizona.  
 18. BURIAL, CREMATION OR REMOVAL  
 Place Dinal Cemetery Date Aug. 1, 1934  
 19. UNDERTAKER Miles Mortuary  
 (Address) Miami, Arizona.  
 20. Filed Aug. 10, 1934 C. M. Crowm. D.  
 Registrar

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.