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MARGIN RESERVED FOR BINDING
N. B.—WRITE PENCILLY, 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 Yuma State ARIZONA State File No. 501
 Township _____ or Village _____ Registered No. 95
 City Yuma No. Yuma General Hospital 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 9 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Hattie Lou Butler How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Somerton, Arizona St. _____ Ward. Somerton, Arizona
 (Usual place of abode) (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>July 19, 1934</u>	
6. If married, widowed, or divorced <u>WIFE of</u> <u>Thomas B. Butler</u>				22. I HEREBY CERTIFY That I attended deceased from <u>July 14, 1934</u> to <u>July 19, 1934</u> I last saw her alive on <u>July 19, 1934</u> ; death is said to have occurred on the date stated above, at <u>10:27 P. M.</u>		
6. DATE OF BIRTH (month, day, and year) <u>January 27, 1889</u>					The principal cause of death and related causes of importance were as follows: <u>Peritonitis, General</u> <u>Cholecystitis, Acute</u> <u>Suppurative</u>	
7. AGE Years <u>45</u> Months <u>5</u> Days <u>22</u>		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset <u>7-16-34</u> <u>7-15-34</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: <u>Acute Thyroiditis</u> <u>Myocarditis, Toxic</u> <u>1933-4?</u> <u>1934</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation _____ Date of _____ What test confirmed diagnosis? <u>P. E.</u> Was there an autopsy? _____		
12. BIRTHPLACE (city or town) <u>Ravenna</u> (state or country) <u>Texas</u>		13. NAME <u>William P. West</u>		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.		
14. BIRTHPLACE (city or town) <u>Viney Grove</u> (State or country) <u>Ark.</u>		15. MAIDEN NAME <u>Sarah Womack</u>		Manner of injury _____ Nature of injury _____		
16. BIRTHPLACE (city or town) <u>Viney Grove</u> (State or country) <u>Ark.</u>		17. INFORMANT <u>Thomas B. Butler</u> (Address) <u>Box 165 Route 1 Somerton,</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
18. BURIAL CREMATION OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>7/23/34</u>		19. UNDERTAKER <u>The Johnson Mortuary</u> (Address) <u>Yuma, Arizona</u>		If so, specify _____ (Signed) <u>Philip G. Carlisle</u> M. D. (Address) <u>Somerton, Arizona</u>		
20. Filed <u>July 21, 1934</u>		Registrar <u>Mary A. Wupperman</u>				

FORM 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information