

1996

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 Graham State ARIZONA State File No. 99
 Township _____ or Village Pima Registered No. 90
 City _____ 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 56 yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? 77 yrs. _____ mos. _____ da.

2. FULL NAME Caroline Ann Tepler How long in State when death occurred? 55 yrs. _____ mos. _____ da.
 (a) Residence: No. Pima Ariz 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>Widow</u>			21. DATE OF DEATH (month, day, and year) <u>Oct. 17, 1934</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wm Tepler</u>					I last saw him alive on <u>head 10/17, 1934</u> ; death is said to have occurred on the date stated above, at <u>8-30 A.</u>		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 3-1851</u>					The principal cause of death and related causes of importance were as follows: <u>apoplectic stroke</u> Date of Onset _____		
7. AGE		Years <u>82</u>	Months <u>11</u>	Days <u>14</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>None</u>					Other contributory causes of importance: _____	
	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 _____					Name of operation _____ Date of _____		
12. BIRTHPLACE (city or town) (state or country) <u>England</u>							
MOTHER	13. NAME <u>John Schofield</u>						
	14. BIRTHPLACE (city or town) (State or country) <u>England</u>						
	15. MAIDEN NAME <u>Rickley</u>						
16. BIRTHPLACE (city or town) (State or country) <u>England</u>							
17. INFORMANT (Address) <u>P. H. Tepler Pima Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima</u> Date <u>Oct 19, 1934</u>							
19. UNDERTAKER <u>W. C. Rayson Safford Ariz.</u>							
20. Filed <u>Nov 7, 1934</u> <u>J. M. Stratton</u> Registrar							
					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. _____		
					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. W. Tepler</u> M. D. (Address) <u>Safford Ariz.</u>		

10M-3-21-33 MS-50301-FORM 5 Back of Certificate to be used for any Additional Information