

2380

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. 18

1. PLACE OF DEATH
COUNTY Cochise STATE ARIZONA REGISTERED NO. 198
TOWNSHIP Douglas OR VILLAGE
CITY Douglas NO. County Hospital WARD

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 1 MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Celona King HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS. 50
(A) RESIDENCE: NO. San Simon, Arizona ST., WARD. San Simon, Ariz.
(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>Widow</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-10-34</u> , 19 <u>34</u>	I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>10-11-34</u> , 19 <u>34</u> , TO <u>11-10-34</u> , 19 <u>34</u> . I LAST SAW H <u>er</u> ALIVE ON <u>11-9-34</u> , 19 <u>34</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4.15 A.M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam King</u>			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Carcinoma of Uterus (Suspirable)</u>		
5. DATE OF BIRTH (MONTH, DAY, AND YEAR)				DATE OF ONSET	
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>	DAYS	OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Retired</u>				NAME OF OPERATION <u>None</u> DATE OF <u>None</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				WHAT TEST CONFIRMED DIAGNOSIS <u>Clinical</u> WAS THERE AN AUTOPSY? <u>No</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION				WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Maine</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE	
13. NAME <u>Amoza Beard</u>				MANNER OF INJURY	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Not Known</u>				NATURE OF INJURY	
15. MAIDEN NAME <u>Not Known</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Not Known</u>				IF SO, SPECIFY	
17. INFORMANT <u>Wilbert A. Lopes</u> (ADDRESS) <u>San Simon, Arizona</u>				(SIGNED) <u>E.W. Lawrence</u> M. D. (ADDRESS) <u>Douglas Arizona</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas Arizona</u> DATE <u>11-10-34</u>				REGISTRAR	
19. EMBALMER { LICENSE NO. SIGNATURE <u>No embalming</u> FUNERAL DIRECTOR <u>Porter & Ames</u> ADDRESS <u>Douglas Arizona</u>					
20. FILED <u>Nov. 10</u> , 19 <u>34</u> <u>E.W. Lawrence</u>					

10M-10-6-34-REF-GAZ PRINTERY—FORM 3 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION