

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.

AMENDMENT ATTACHED

Arizona State Board of Health

STATE FILE NO. 84

STANDARD CERTIFICATE OF DEATH

BUREAU OF VITAL STATISTICS

REGISTERED NO. 127

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA
TOWNSHIP State OR VILLAGE _____
CITY State NO. County Wash ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Bessie McCain HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 140 Pleasant ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1934
7. AGE YEARS _____ MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
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. _____
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) State
13. NAME Carl M. McCain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma
15. MAIDEN NAME Loyce Crowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) State
17. INFORMANT (ADDRESS) Carl M. McCain
18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Pinal DATE Dec 17, 1934
19. EMBALMER { LICENSE NO. 209 SIGNATURE Dalton H. Cole FUNERAL DIRECTOR Melex M. Mofware ADDRESS State
20. FILED Dec 22, 1934 REGISTRAR Montgomery

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1934
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 16, 1934 TO Dec 16, 1934
I LAST SAW HER Stillborn Dec 16, 1934 2:30 A. M. Stillborn 2:30 A. M.
TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Stillborn (mauled fetus)
DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
NAME OF OPERATION none DATE OF _____
WHAT TEST Examination WAS THERE AN AUTOPSY? no
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? no
IF SO, SPECIFY _____
(SIGNED) J. R. Harper M. D.
(ADDRESS) State, Arizona