4314

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.

1. PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 114

COUNTY Graham STATE ARIZONA REGISTERED NO. 14

TOWNSHIP Thatcher, OR VILLAGE Thatcher, OR

CITY Thatcher, NO. 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 2 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Birdella Barney Coan Nelson HOW LONG IN STATE WHEN DEATH OCCURRED? 26 YRS. 9 MOS. 19 DS.

(A) RESIDENCE: NO. Thatcher, Arizona. ST. WARD.

(USUAL PLACE OF ABODE) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Orson Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1877

7. AGE YEARS 57 MONTHS 9 DAYS 19 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

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) Pine Valley Utah

FATHER

13. NAME Buron Barney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER

15. MAIDEN NAME Laura Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) W. B. Nelson Safford, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Thatcher, Ariz DATE 2/12/ 1935

19. EMBALMER LICENSE NO. 116 SIGNATURE

FUNERAL DIRECTOR N. C. Rawson

ADDRESS Safford, Arizona

20. FILED Feb 16, 1935 J. N. Stratton REGISTRAR By Off Lopez

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11. 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM February 8, 1935 TO Feb-11, 1935

I LAST SAW HER ALIVE ON Feb 11, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 130 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Bronchial Pneumonia

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chronic Myocarditis with Hypertension

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? F. W. Butler M.D.

IF SO, SPECIFY

(SIGNED) By Clella Bryce

(ADDRESS) Safford, Arizona

10M—10-6-34—REP-GAT PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION