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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 Nevado State ARIZONA Registered No. 348
 Township _____ or Village _____
 City Winslow No. Dr. Stump's 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 _____ yrs. _____ mos. 4 ds. How long in U. S. if of foreign birth? 50 yrs. _____ mos. _____ ds.

2. FULL NAME E. Mrs. Ethel Westover How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Joseph City St. Ariz. (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>2-24, 1935</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edwin S. Westover</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>2-21-</u> , 19 <u>35</u> , to <u>2-24</u> , 19 <u>35</u>		
6. DATE OF BIRTH (month, day, and year) <u>April 24, 1884</u>				I last saw h. <u>21</u> alive on <u>2-21-</u> , 19 <u>35</u> ; death is said to have occurred on the date stated above, at <u>10:30 p.m.</u>		
7. AGE		Years	Months	Days	The principal cause of death and related causes of importance were as follows:	
<u>50</u>		<u>10</u>			<u>Thrombosis of right iliac artery</u>	Date of Onset <u>2-21-35</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife, nurse</u>				Other contributory causes of importance: <u>Arteriosclerosis of leg (Dry)</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				<u>due to thrombosis</u>	
	10. Date deceased last worked at this occupation (month and year)				Name of operation <u>none</u> Date of _____	
11. Total time (years) spent in this occupation				What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		
12. BIRTHPLACE (city or town) (state or country) <u>Joseph City, Arizona</u>						
FATHER	13. NAME <u>Sanford M. Porter</u>					
	14. BIRTHPLACE (city or town) (State or country) <u>Centerville, Utah</u>					
MOTHER	15. MAIDEN NAME <u>Nina Leavitt</u>					
	16. BIRTHPLACE (city or town) (State or country) <u>Richfield, Utah</u>					
17. INFORMANT (Address) <u>Lloyd Westover, Joseph City, Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19 <u>35</u>						
19. UNDERTAKER (Address)						
20. Filed <u>March 5, 1935</u> - <u>M. L. A. B. Parvada</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? <u>no</u>	
If so, specify _____ (Signed) <u>Robert M. Stump</u> , M. D. (Address) <u>Winslow, Ariz.</u>						