

9825

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Apache State Arizona
District or Township Coconino or Village Coconino
City Coconino No. (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Emma Olive Sharp
(a) Residence No. Green St. Ward.
Length of residence in city or town where death occurred 25 yrs. moe. ds. How long in U.S. if of foreign birth? yrs. moe. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
6a. If married, widowed, or divorced (or) WIFE of Clarence Avery Sharp
6. DATE OF BIRTH (month, day and year) March 13, 1904
7. AGE Years 31 Months Months Days 15 IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business or establishment in which employed (or employer) Housework (c) Name of employer
9. BIRTHPLACE (city or town) Vernal, Utah (State or country)
10. NAME OF FATHER Marion Oliver Howe
11. BIRTHPLACE OF FATHER Snowflake, Utah (State or country)
12. MAIDEN NAME OF MOTHER Doretha Marie Peterson
13. BIRTHPLACE OF MOTHER Ephraim, Utah (State or country)

PARENTS

14. Informant (Address)
15. Filed April 10<sup>th</sup> 1935 Mrs. N. N. Feaster Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28, 1935
17. I HEREBY CERTIFY That I attended deceased from March 6, 1935 to March 28, 1935 that I last saw her alive on March 28, 1935 and that death occurred, on the date stated above, at 8:35 P.M. The CAUSE OF DEATH\* was as follows: Cardio-Vascular renal syndrome following measles (duration) yrs. mos. 18 ds. CONTRIBUTORY Relapsing Malaria (Secondary) (duration) yrs. mos. 21 ds.
18. Where was disease contracted If not at place of death? Green, Ariz. Did an operation precede death? no Date of Was there an autopsy? no What test confirmed diagnosis? Physical & Urinalysis (Signed) Dr. [Signature] March 8, 1935 Springdale
\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Ariz DATE OF BURIAL March 29-35
20. UNDERTAKER none ADDRESS

MARGIN RESERVED FOR BINDING. FULLY 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. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.