

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA STATE FILE NO. 96
TOWNSHIP Glendale OR VILLAGE _____ REGISTERED NO. 415
CITY Glendale NO. Gila County Hosp 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. SINCE BIRTH 30 YRS. MOS. DS.
2. FULL NAME Mrs A Woodburn HOW LONG IN STATE WHEN DEATH OCCURRED 22 YRS. MOS. DS.
(A) RESIDENCE: NO. 850 Blake St WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</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>5-24-35</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>May 18, 1935</u> TO <u>May 24, 1935</u> LAST SAID HIM ALIVE ON <u>May 24, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:45 p. m.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clleanor Jane Woodburn</u>			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Lobar pneumonia</u> DATE OF ONSET <u>May 17/93</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1885</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
7. AGE <u>49</u>		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Machinist</u>		NAME OF OPERATION <u>None</u> DATE OF _____	
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)		WHAT TEST CONFIRMED DIAGNOSIS <u>Examination</u> WAS THERE AN AUTOPSY? <u>no</u>	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE. DATE OF INJURY _____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
13. NAME <u>Thomas Woodburn</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
15. MAIDEN NAME <u>Mary Slater</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>		MANNER OF INJURY _____	
17. INFORMANT <u>Mrs E. J. Woodburn</u> (ADDRESS)		18. BURIAL, CREMATION OR REMOVAL PLACE <u>Glendale</u> DATE <u>May 26, 1935</u>		NATURE OF INJURY _____	
19. EMBALMER LICENSE NO. <u>209</u> SIGNATURE <u>Dalton H Cole</u>		FUNERAL DIRECTOR ADDRESS <u>Miles Morley 7 A Glendale</u>		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>	
20. FILED <u>June 8, 1935</u> REGISTRAR <u>Mrs. B. B. B. B.</u>				IF SO, SPECIFY (SIGNED) <u>T. C. Harper</u> M. D. (ADDRESS) <u>Glendale Arizona</u>	