583

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

STATE FILE NO. 563

REGISTERED NO. 87

1. PLACE OF DEATH

COUNTY Yuma

TOWNSHIP ____ STATE ARIZONA

CITY Yuma OR VILLAGE ____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 7 YRS. ____ MOS. ____ DS. (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) NO. Yuma General Hospital ST. ____ WARD ____ OR

2. FULL NAME Lucy Lewis

(A) RESIDENCE: NO. on Island (near Yuma, Ariz.) (USUAL PLACE OF ABODE) HOW LONG IN U. S. (IF OF FOREIGN BIRTH) ____ YRS. ____ MOS. ____ DS. HOW LONG IN STATE WHERE DEATH OCCURRED 7 YRS. ____ MOS. ____ DS. (IF NOT RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1910

7. AGE: 25 YEARS; MONTHS ____; DAYS 6; IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION

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

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) Oklahoma

FATHER

13. NAME John Wilson

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

MOTHER

15. MAIDEN NAME Hattie Cohee

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

17. INFORMANT (ADDRESS) Walter Lewis Yuma Ariz Route 2

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Yuma Cemetery DATE 5/25/35

19. EMBALMER LICENSE NO. 19

FUNERAL DIRECTOR SIGNATURE O. Johnson The Johnson Funeral Home

ADDRESS Yuma Ariz.

20. FILED May 24, 1935 Mary A. Hutchinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 23, 1935 TO May 23, 1935

I LAST SAW HER ALIVE ON May 23, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:30 P.M.

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

	DATE OF ONSET
Puerperal Septicemia following Abortion.	May 14 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION none.

WHAT TEST CONFIRMED DIAGNOSIS? ____ DATE OF ____

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) Harry A. Reese M. D.

(ADDRESS) Somerton, Ariz.

10M—10-6-34—REP-GAZ PRINTERY— FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION