

1223

du-Crow

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. 91
COUNTY Gila STATE ARIZONA REGISTERED NO. 46
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Miami 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 1 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Mabel Lorraine McNamara HOW LONG IN STATE WHEN DEATH OCCURRED 1 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 301 1/2 Latham Blvd. ST. _____ WARD Los Angeles California
(USUAL PLACE OF ABODE) (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>July 26 1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>July 26 1935</u> TO <u>July 26 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W.C. McNamara</u>				I LAST SAW HIM ALIVE ON <u>July 26 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:10 P.M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 36, 1886</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Lobar Pneumonia</u> <u>July 26 1935</u>		
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR MIN. <u>48</u> <u>11</u> _____				DATE OF ONSET <u>July 26 1935</u>		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Arteriosclerosis Defective</u>		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
MOTHER FATHER	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) <u>Chicago Illinois</u>					
	13. NAME <u>Hans Johnson</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Norway</u>					
15. MAIDEN NAME <u>Mary Schneck</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Norway</u>						
17. INFORMANT (ADDRESS) <u>Mrs. Curtis Long Miami, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Los Angeles, Cal.</u> DATE <u>July 1935</u>						
19. EMBALMER { LICENSE NO. <u>209-A</u> SIGNATURE <u>Dalton H. Cole</u> FUNERAL DIRECTOR <u>Miami, Arizona</u> ADDRESS _____						
20. FILED <u>Aug. 6, 1935</u> BY <u>Lyndon Johnson</u> REGISTRAR (ADDRESS) _____						
				NAME OF OPERATION <u>none</u> DATE OF WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>no</u>		
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>no</u> DATE OF INJURY _____ 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 <u>none</u> NATURE OF INJURY _____						
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY <u>no</u> (SIGNED) <u>Lyndon Johnson</u> REGISTRAR (ADDRESS) <u>Miami, Arizona</u>						