9420

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

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 280

REGISTERED NO. 928

1. PLACE OF DEATH

COUNTY Maricopa STATE ARIZONA

TOWNSHIP Phoenix OR VILLAGE OR

CITY NO. St. Roseph's Hospital 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 10 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS. HOW LONG IN STATE WHEN DEATH OCCURRED? 10 YRS. MOS. DS.

2. FULL NAME Della Lee Cave

(A) RESIDENCE: NO. 1102 West Madison ST. WARD. Resident (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1914

7. AGE YEARS 21 MONTHS 6 DAYS 1 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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

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) Rotan (STATE OR COUNTY) Texas

FATHER

13. NAME Tom Cave

14. BIRTHPLACE (CITY OR TOWN) Un known (STATE OR COUNTY) Texas

MOTHER

15. MAIDEN NAME Fannie J. Shumaker

16. BIRTHPLACE (CITY OR TOWN) Un known (STATE OR COUNTY) Texas

17. INFORMANT R. P. DeLund (ADDRESS) 1102 West Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug. 3, 1935

19. EMBALMER { LICENSE NO. 223 SIGNATURE Lee T. Acton

FUNERAL DIRECTOR Grimshaw-Acton Mortuary

ADDRESS 334 West Monroe

20. FILED Aug 3, 1935 Neri F. Osborn By HM REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Coroner's Inquest 8/1, 1935 TO 19 I LAST SAW her ALIVE ON July 31, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:45 P M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Compound skull fracture — DATE OF ONSET 7-31-35

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: No knowledge of any contributory cause

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, ~~SUICIDE, OR HOMICIDE?~~ DATE OF INJURY 7/31, 1935

WHERE DID INJURY OCCUR? Phoenix Maricopa Co. Ariz. (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public place

MANNER OF INJURY Pedestrian struck by auto

NATURE OF INJURY Skull fracture

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY

(SIGNED) Nat L. McKee, Coroner, ~~M. D.~~

(ADDRESS) Phoenix, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3