

2067

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

STATE FILE NO. 14

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Cochise STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE Willcox OR _____
 CITY Willcox NO. _____ 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 2 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Mary Remis HOW LONG IN STATE WHEN DEATH OCCURRED? 2 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. Willcox ST. _____ WARD _____
(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>Widow</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 6, 1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____ TO _____, 19____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					I LAST SAW HIM ALIVE ON <u>Sept 6, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 28, 1855</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE	YEARS <u>80</u>	MONTHS <u>5</u>	DAYS <u>8</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	<u>Senility</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>Heart Block</u>	
	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) <u>Illinois</u>						
FATHER	13. NAME <u>Isaac Shear</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>New York</u>					
MOTHER	15. MAIDEN NAME <u>Eunice Kibbey</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>New York</u>					
17. INFORMANT <u>Edith Shilling</u> (ADDRESS) <u>Willcox, Arizona.</u>						
18. BURIAL, CREMATION, OR OTHER PLACE <u>Burial</u> <u>Sunset Cemetery</u> DATE <u>Sept 9, 1935</u>						
19. EMBALMER LICENSE NO. <u>199</u> SIGNATURE <u>Frank N. Robinson</u> FUNERAL DIRECTOR <u>Frank N. Robinson</u> ADDRESS <u>Willcox, Ariz.</u>						
20. FILED <u>10/8</u> , 19 <u>35</u> REGISTRAR <u>J. H. [Signature]</u> (ADDRESS) <u>Willcox</u>						
					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 _____	
					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY <u>Beberic</u> M. D. (SIGNED) <u>Willcox</u> (ADDRESS) _____	

10M-11-22-34-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION