

2118

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 Pima STATE ARIZONA REGISTERED NO. 56
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 17 YRS. _____ MOS. _____ DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Elizabeth Betty Morgan HOW LONG IN STATE WHEN DEATH OCCURRED 25 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 678 Live oak 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 7, 1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>About July 1934</u> TO <u>About 9-1, 1935</u> I LAST SAW her ALIVE ON <u>about 9-1, 1935</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:30 P.</u> M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Morgan</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Grave congestion of heart and kidney disease. Aortic aneurysm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9, 1881</u>					DATE OF ONSET <u>10 yrs. 7 mon.</u>	
7. AGE YEARS <u>54</u> MONTHS _____ DAYS _____		IF LESS THAN 1 DAY, _____ HRS. _____ MIN.			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>					NAME OF OPERATION _____ DATE OF _____	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Justin Tex. as</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
13. NAME <u>Joe Brown</u>					MANNER OF INJURY _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown Tex. as</u>					NATURE OF INJURY _____	
15. MAIDEN NAME <u>Susie Ivory</u>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown Tex. as</u>					(SIGNED) <u>James H. [Signature]</u> M. D. (ADDRESS) _____	
17. INFORMANT (ADDRESS) <u>Mrs. Ashton Plummer Miami, Arizona</u>					19. EMBALMER { LICENSE NO. <u>209 FA</u> SIGNATURE <u>Dalton H. Cole</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>Sept. 10, 1935</u>					FUNERAL DIRECTOR <u>Wiles Mortuary Miami, Arizona</u>	
20. FILED <u>Oct. 9, 1935</u> <u>C. M. Cron</u> REGISTRAR						