2146

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. 89

1. PLACE OF DEATH

COUNTY Graham STATE ARIZONA REGISTERED NO. 961

TOWNSHIP Safford

CITY Pima OR VILLAGE Pima

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) NO. OR WARD

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 57 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Elizabeth Clark McBride HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.

(A) RESIDENCE: NO. (USUAL PLACE OF ABODE) Pima Ariz ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~, (WRITE THE WORD) Married Dec'd

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1846

7. AGE YEARS 88 MONTHS 11 DAYS 26 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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

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) England

FATHER

13. NAME Edward Clark

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

MOTHER

15. MAIDEN NAME Lucy Harry

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

17. INFORMANT (ADDRESS) Jno McBride

18. BURIAL, CREMATION, OR REMOVAL PLACE Pima Ariz DATE 9/27/1935

19. EMBALMER { LICENSE NO. SIGNATURE

FUNERAL DIRECTOR

ADDRESS

20. FILED Oct 9, 1935 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 9-26 1935 TO 9-26 1935

I LAST SAW HER ALIVE ON Dead 1935 I DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:00 P.M.

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

	DATE OF ONSET
Heart Block.	

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? No WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMOCIDE? 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 none.

NATURE OF INJURY none

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY

(SIGNED) J. P. Martyn M. D.

(ADDRESS) Safford Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3