

2304

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. 246

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 1099
TOWNSHIP Phoenix OR VILLAGE
CITY Phoenix NO. 1106 E. Whitton Ave. 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. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 21 YRS. 0 MOS. 0 DS.
2. FULL NAME HULDA FRANCES NAYLOR, (Fannie H.) HOW LONG IN STATE WHEN DEATH OCCURRED? 21 YRS. 0 MOS. 0 DS.
(A) RESIDENCE: NO. 1106 E. Whitton Ave. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13, 1849

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
86 5 11

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

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) Kentucky

13. NAME William Hill

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

15. MAIDEN NAME Mary Sparks

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

17. INFORMANT (ADDRESS) Mrs Cora N. Jordan, 1021 E. Roma.

18. BURIAL, CREMATION, OR REMOVAL PLACE Douglas City, Ky. Sept-26, 1935

19. EMBALMER } LICENSE NO. _____
FUNERAL DIRECTOR } SIGNATURE H. J. Grimshaw
Grimshaw-Acton Mortuary
ADDRESS Phoenix, Ariz.

20. FILED 9-26, 1935 Neri J. Dobson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept 1, 1935 TO Sept 22, 1935
I LAST SAW HER ALIVE ON Sept 22, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Carcinoma of Stomach DATE OF ONSET 9/1/34

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION None DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

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 _____

MANNER OF INJURY _____
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
IF SO, SPECIFY _____
(SIGNED) H. J. Grimshaw M. D.
(ADDRESS) 306 Heard Bldg