2595

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. 49

Registered No. 66

1. PLACE OF DEATH

County COCONINO State ARIZONA

Township or Village

City FLAGSTAFF No. Sedona Ariz St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Flora Geneva Teague How long in State when death occurred? 44 yrs. mos. ds.

(a) Residence: No. Sedona Ariz Ward.

(Usual place of abode) (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) Widowed

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of John Teague

6. DATE OF BIRTH (month, day, and year) May 2-1867

7. AGE Years 68 Months 5 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None Recently

10. Date deceased last worked at this occupation (month and year) Mayo 11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (city or town) (state or country) Texas Carizo Spgs

FATHER

13. NAME Paint Davidson

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Marvin C. Bennett Sedona

18 BURIAL, ~~CREMATION, OR REMOVAL~~

Place FLAGSTAFF Sedona Date Oct. 1, 1935

19. UNDERTAKER (Address) None

20. Filed Oct. 1, 1935. A. Schermann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1935 to Oct. 1, 1935

I last saw her alive on Oct. 3, 1935, death is said to have occurred on the date stated above, at 1:23 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Nephritis	?
Myocarditis	
Other contributory causes of importance:	
Terminal hypostatic Pneumonia	1 day

Name of operation None Date of

What test confirmed diagnosis Clinical 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) A. Schermann, M. D.

(Address) FLAGSTAFF

10M—3-21-33 MS-50301—FORM 3

Back of Certificate to be used for any Additional Information