

487

468

STANDARD CERTIFICATE OF DEATH Arizona State Board of Health BUREAU OF VITAL STATISTICS STATE FILE NO. 468

1. PLACE OF DEATH
 COUNTY Yavapai STATE ARIZONA REGISTERED NO. 344-0
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY Prescott NO. Pioneer Home 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 30 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Mrs. Ella J. Burns HOW LONG IN STATE WHEN DEATH OCCURRED 40 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. Pioneer Home 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 Michael Burns (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1854
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 81 8 10
 OCCUPATION 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 _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Elm Grove Wisconsin
 FATHER 13. NAME Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) No Record
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____

17. INFORMANT Supt. Pioneer Home (ADDRESS) Prescott, Arizona
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Crematory 11/30 1935 Phoenix, Arizona
 19. EMBALMER (LICENSE NO. 8 A) SIGNATURE Lester Buffner FUNERAL DIRECTOR Lester Buffner ADDRESS Prescott, Arizona
 20. FILED Nov. 29, 1935 REGISTRAR Jas. P. McManis (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/35
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 2 1933 TO 11/27 1935
 I LAST SAW HER ALIVE ON 11/25 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: hypertensive heart disease DATE OF ONSET ?
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS rigor 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) [Signature] M. D. _____ (ADDRESS) Prescott, Arizona

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.