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Dr. R.D. Kennedy

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

86

1. PLACE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 4
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe NO. Gila County Hospital 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 YRS. 5 MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS.

2. FULL NAME Mildred North HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 5 MOS. _____ DS.

(A) RESIDENCE: NO. 349 So. Southerland 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl North

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1915

7. AGE YEARS 21 MONTHS 4 DAYS 27 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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. Home

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) California

13. NAME John Henderson

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

15. MAIDEN NAME Evelyn Parker

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

17. INFORMANT (ADDRESS) Carl North Globe, Arizona

18. BURIAL PLACE Globe Cemetery DATE Jan. 7, 1936

19. EMBALMER (LICENSE NO. 10-A) SIGNATURE [Signature] FUNERAL DIRECTOR Lic. 10-A [Signature] ADDRESS Globe, Arizona

20. FILED Jan 20, 1936 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan. 1, 1936 TO Jan. 4, 1936 I LAST SAW HER ALIVE ON Jan. 4, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:00 P.M.

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Influenza

NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____

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) R.D. Kennedy M. D. (ADDRESS) Globe, Ariz.

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.