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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. 171  
300 ~~300~~

1. PLACE OF DEATH  
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 300

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR CITY Phoenix NO. St. Josephs 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. 8 MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Elizabeth Findley HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. Ajo, Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3 - 36

|        |       |          |          |  |
|--------|-------|----------|----------|--|
| 7. AGE | YEARS | MONTHS   | DAYS     | IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. |
|        |       | <u>2</u> | <u>5</u> |  |

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) Ajo (STATE OR COUNTY) ARIZONA

FATHER: 13. NAME Sumner Findley 14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTY) \_\_\_\_\_

MOTHER: 15. MAIDEN NAME Elizabeth Edmonds 16. BIRTHPLACE (CITY OR TOWN) New Mexico (STATE OR COUNTY) \_\_\_\_\_

17. INFORMANT Sumner Findley (ADDRESS) AJO, ARIZONA

18. BURIAL, CREMATION, OR REMOVAL PLACE Ajo, Arizona DATE 3/9, 19 36

19. EMBALMER { LICENSE NO. 26 FUNERAL DIRECTOR { SIGNATURE J. T. Whitney ADDRESS Phoenix, Arizona

20. FILED Mar 9, 1936 Chas. F. Osborn REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/36, 19 36

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb. 29, 19 36 TO Mar. 7, 19 36  
I LAST SAW HER ALIVE ON Mar. 7, 19 36; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:35 A.M.

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

Abcesses - lung lower left  
lung probably following pneumonia  
- had slight streptococcal  
Empyema - left - Rindley's Stryp, about 2-27-36  
Phlebitis - right - myeloid  
3-8-36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Bronchitis right lung 2-29-36  
Bilateral otitis media 2-29-36

NAME OF OPERATION Fluoroscopic report during  
WHAT TEST X-ray - physical exam.  
CONFIRMED DIAGNOSIS? Autopsy WAS THERE AN AUTOPSY? yes

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 \_\_\_\_\_ M. D.

(SIGNED) Chas. F. Osborn (ADDRESS) 926 E. McDowell St.