

2892

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

1. PLACE OF DEATH
 COUNTY Santa Cruz STATE ARIZONA STATE FILE NO. 529
 TOWNSHIP Hogales OR VILLAGE 448 Elm St REGISTERED NO. 23
 CITY Hogales NO. 448 ST. Elm St OR WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) ST. _____ WARD _____
 IN CITY OR TOWN WHERE DEATH OCCURRED 4 YRS. 3 MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Sylvia Lillywhite HOW LONG IN STATE WHEN DEATH OCCURRED 50 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 448 Elm St (USUAL PLACE OF ABODE) ST. _____ WARD _____

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 Joseph Lillywhite
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1870
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY _____ HRS. OR _____ MIN.
65 4 20

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. house wife
 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) Utah
 13. NAME Horace Lane Owens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) not known
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) not known

17. INFORMANT L. Lillywhite
 (ADDRESS) 448 Elm, Hogales Arizona
 18. BOARD, CREMATION, OR REMOVAL TO PLACE Bisbee, Arizona DATE 3-21-1936
 19. EMBALMER LICENSE NO. 215 SIGNATURE K. C. Leder
 FUNERAL DIRECTOR Carroon Mortuary
 ADDRESS Hogales Arizona
 20. FILED 3-21-1936 Chas E Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1936
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Mar. 18, 1936 TO 3-20-1936
 I LAST SAW her ALIVE ON 3-20-1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:10 A M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Apoplexy
Cerebral Hemorrhage.
 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) J. Gonzalez M. D.
 (ADDRESS) Hogales Arizona

104-11-22-34-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION