

4070

455

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. 455

1. PLACE OF DEATH
 COUNTY Pinal STATE ARIZONA REGISTERED NO. 8
 TOWNSHIP _____ OR VILLAGE _____
 CITY Coolidge NO. _____ 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 5 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Opal Ashcraft HOW LONG IN STATE WHEN DEATH OCCURRED? 6 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. North Coolidge ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 9th, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Ashcraft</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1-17-34</u> , 19 <u> </u> , TO <u>5-7-34</u> , 19 <u> </u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11th, 1908</u>				I LAST SAW HIM ALIVE ON <u>5-7-34</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:25 A.M.</u>	
7. AGE YEARS <u>27</u>	MONTHS <u>11</u>	DAYS <u>29</u>	IF LESS THAN 1 DAY, HRS. OR MIN.	23. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Acute Hepatitis.</u> <u>Enteric pneumonia.</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
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) <u>Boone County Arkansas</u>					
13. NAME <u>Clayton Hoper</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Boone County Arkansas</u>					
15. MAIDEN NAME <u>Rachel Patterson</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Arkansas</u>					
17. INFORMANT (ADDRESS) <u>Henry Ashcraft Coolidge, Arizona.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Florence, Ariz.</u> DATE <u>5-10-1936</u>					
19. EMBALMER LICENSE NO. <u>11-A</u> SIGNATURE <u>D.O. Martin</u> FUNERAL DIRECTOR <u>Martin Mortuary</u> ADDRESS <u>Florence, Arizona.</u>					
20. FILED <u>5/9</u> , 19 <u>36</u> <u>W.A. Thompson</u> REGISTRAR					

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
 IF SO, SPECIFY _____ (SIGNED) _____ (ADDRESS) _____

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 _____, 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 _____

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION