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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS STATE FILE NO. **399**

1. PLACE OF DEATH  
COUNTY Navajo STATE ARIZONA REGISTERED NO. 47  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Winslow NO. Dr. Stumps Hosp ST. \_\_\_\_\_ OR 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. \_\_\_\_\_ MOS. 1 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Marva Richey HOW LONG IN STATE WHEN DEATH OCCURRED? 13 YRS. 10 MOS. 5 DS.  
(A) RESIDENCE: NO. Richville, Ariz. Near St. Johns ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-33

7. AGE YEARS <u>12</u>	MONTHS <u>10</u>	DAYS <u>5</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
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8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Student

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) Eager, Ariz.

FATHER  
13. NAME W.P. Richey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Arizona

MOTHER  
15. MAIDEN NAME Maude Brown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) New Mex.

17. INFORMANT (ADDRESS) W.P. Richey Richville, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns, Ariz. DATE 6-18-36 19.

19. EMBALMER (LICENSE NO. 202A) SIGNATURE J.M. Drumm  
FUNERAL DIRECTOR J.M. Drumm  
ADDRESS Winslow, Arizona.

20. FILED 6-16-36 19 \_\_\_\_\_ REGISTRAR Lorna (ADDRESS) Winslow, Ariz.

CERTIFICATE OF DEATH  
DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-36  
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 6-15-36 TO 6-16-36  
I LAST SAW HER ALIVE ON 6-16-36; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:00 A.M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute Appendicitis DATE OF ONSET 6-11-36  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Acute peritonitis 6-14-36  
NAME OF OPERATION Appendectomy DATE OF 6-15-36  
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 \_\_\_\_\_  
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
IF SO, SPECIFY Robert M. Stump (SIGNED) \_\_\_\_\_ M. D. (ADDRESS) Winslow, Ariz.