2567

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. 170

1. PLACE OF DEATH

COUNTY Maricopa

TOWNSHIP _____ STATE ARIZONA REGISTERED NO. _____

CITY Wickenburg OR VILLAGE _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ NO. _____ OR _____ WARD

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 2 YRS. 2 MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Lillian Wheat HOW LONG IN STATE WHERE DEATH OCCURRED? _____ YRS. 2 MOS. _____ DS.

(A) RESIDENCE: NO. Wickenburg Ariz. ST. _____ WARD. _____

(USUAL PLACE OF ABODE) (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 Earnest Wheat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1905

7. AGE: YEARS 31 | MONTHS 1 | DAYS 26 | IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

OCCUPATION

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. Own home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 8-11-36

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) McHenry, Mississippi

FATHER

13. NAME Hugh R. Bond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Eng Henry Harrison County, Miss.

MOTHER

15. MAIDEN NAME Francisca Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Hattisburg Mississippi

17. INFORMANT W. B. Bond (ADDRESS) Wickenburg, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Wickenburg DATE 8-16-36 19

19. EMBALMER { LICENSE NO. 188 H SIGNATURE H L Coffinger

FUNERAL DIRECTOR H L Coffinger

ADDRESS Wickenburg Ariz.

20. FILED 8/18, 1936 J. R. Copeland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 8-4-36, 19__, TO 8-14-36, 19__

I LAST SAW HER ALIVE ON 8-14-36, 19__; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:15 P. M.

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

	DATE OF ONSET
Acute generalized Peritonitis	8-9-36
Acute Nephritis left	2
Septicemia	8-10-36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION none DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical + History WAS THERE AN AUTOPSY? NO

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMOCIDE? _____ 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) F. Lloyd B. Brallier M. D.

(ADDRESS) Wickenburg, Arizona

10M—11-22-34—REP-GAZ PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION