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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. 61

1. PLACE OF DEATH  
COUNTY Ala STATE ARIZONA REGISTERED NO. 89  
TOWNSHIP Ala OR VILLAGE \_\_\_\_\_  
CITY Ala NO. Highway 20 Mi South San Carlos OR \_\_\_\_\_  
(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. \_\_\_\_\_ DS.  
2. FULL NAME Sarah Annmark HOW LONG IN U. S. IF OF FOREIGN BIRTH: \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 4218 USUAL PLACE OF BIRTH: 1944 at St. Michaels Long Island HOW LONG IN STATE WHEN DEATH OCCURRED: \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(USUAL PLACE OF BIRTH)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1886

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
50 5 9

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.  
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 \_\_\_\_\_  
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) N Y N Y

13. NAME Herman Vandervall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) Horlense Strauss

18. BURIAL, CREMATION, OR REMOVAL PLACE N Y N Y DATE 11/19/36

19. EMBALMER LICENSE NO. 2275 SIGNATURE Ed Grine  
FUNERAL DIRECTOR SIGNATURE Ed Grine  
ADDRESS Ala Ariz 8668

20. FILED Nov 18, 1936 REGISTRAR SIGNATURE \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19/36

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_ TO \_\_\_\_\_, 19\_\_\_\_, I LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:50 AM.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Auto Accident  
Coroners Verdict  
Accidental

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Examination AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
ACCIDENT, SUICIDE, OR HOMICIDE, DATE OF INJURY 11/17/36  
WHERE DID INJURY OCCUR? San Carlos Side Cherty  
(SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Highway 73 State

MANNER OF INJURY Broken Neck  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No  
IF SO, SPECIFY \_\_\_\_\_ (SIGNED) Ed Grine Coroner  
\_\_\_\_\_ (ADDRESS) Ala Ariz