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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. 759

1. PLACE OF DEATH  
COUNTY Pinal STATE ARIZONA REGISTERED NO. 7  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Coolidge Arizona 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 \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Rubie Kae Nowlin HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. Coolidge Arizona WARD \_\_\_\_\_ (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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1936</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>12</u> DAYS <u></u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Infant</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>"</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
12. BIRTHPLACE (CITY OR TOWN) <u>Coolidge, Arizona</u> (STATE OR COUNTY)		
FATHER	13. NAME <u>Delmore C. Nowlin</u>	
14. BIRTHPLACE (CITY OR TOWN) <u>Okla</u> (STATE OR COUNTY)		
MOTHER	15. MAIDEN NAME <u>Rubie Ellis</u>	
16. BIRTHPLACE (CITY OR TOWN) <u>Florence, Arizona</u> (STATE OR COUNTY)		
17. INFORMANT <u>Delmore C. Nowlin</u> (ADDRESS) <u>Coolidge, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Florence Cemetery</u> DATE <u>Jan. 21, 1937</u>		
19. EMBALMER { LICENSE NO. <u>709-A</u> SIGNATURE <u>Walter H. Cook</u> FUNERAL DIRECTOR <u>Walter H. Cook</u> ADDRESS <u>Florence, Arizona</u>		
20. FILED <u>7/12</u> 19 <u>37</u> <u>W. D. Jackson</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937  
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_  
I LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT \_\_\_\_\_ M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_  
Congenital Heart Defect  
With Heart Failure  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_  
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 \_\_\_\_\_  
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) W. Jackson M. D.  
(ADDRESS) Coolidge, Ariz