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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 202

1. PLACE OF DEATH  
 COUNTY Maricopa STATE ARIZONA REGISTERED NO. 207  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Phoenix No. 23rd Avenue & Glenrosa Ave. 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 1 YRS. 2 MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME ALICE WOLFORD HOW LONG IN STATE WHEN DEATH OCCURRED? 1 YRS. 2 MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. Route 8, Box 416E ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (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>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 31, 1937</u> TO <u>Feb 3, 1937</u> I LAST SAW HIM ALIVE ON <u>Feb 3, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:00 A.</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10, 1935</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Bronchopneumonia (following severe cold)</u> DATE OF ONSET <u>Jan 31</u>	
7. AGE		YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY _____ HRS. OR _____ MIN.	
		<u>1</u>	<u>2</u>	<u>23</u>		
OCCUPATION	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. <u>None</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) (STATE OR COUNTY) <u>Phoenix, Arizona</u>						
FATHER	13. NAME <u>Frank Wolford</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Clayton, New Mexico</u>					
MOTHER	15. MAIDEN NAME <u>Curyta</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Trinidad, Colo.</u>					
17. INFORMANT <u>Frank Wolford</u> (ADDRESS) <u>Route 8, Box 416E, Phoenix, Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Francis</u> DATE <u>2-5</u> , 19 <u>37</u>						
19. EMBALMER } LICENSE NO. <u>225</u> FUNERAL DIRECTOR } SIGNATURE <u>J. Hausman</u> <u>A. L. Moore and Sons</u> ADDRESS <u>Phoenix, Arizona</u>						
20. FILED <u>2-3</u> , 19 <u>37</u> <u>Gene J. Dalton</u> REGISTRAR (ADDRESS) _____						
					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) <u>T. H. Hicks</u> M. D. (ADDRESS) <u>Phoenix, Ariz.</u>	

10M-1-25-26-FORM 3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION