

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

STATE FILE NO. 76
REGISTERED NO. 77

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Inspiration NO. _____ 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 2 YRS. _____ MOS. _____ DS. HOW LONG IS IT FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Phyllis Wells Parkey HOW LONG IN STATE WHEN DEATH OCCURRED? 2 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Inspiration City 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 9, 1863</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>8</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>Housewife</u>			
	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) <u>Harpings Ill</u>				
FATHER	13. NAME <u>John B. Harris</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Ill</u>			
MOTHER	15. MAIDEN NAME <u>Rutha Wells</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Unknown</u>			
17. INFORMANT (ADDRESS) <u>Mrs. C. H. Sutherland Inspiration Ariz</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Topeka Kan</u> DATE <u>July 12, 1937</u>				
19. EMBALMER (ADDRESS) <u>Miami Ariz</u>		LICENSE NO. <u>2994</u> SIGNATURE <u>M. H. McEller</u>		
FUNERAL DIRECTOR <u>Maria Montway</u>		ADDRESS _____		
20. FILED <u>7-22-1937</u> <u>C. M. Cron</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 16 - 1937, TO July 17 - 1937
LAST SAW HIM ALIVE ON _____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:50 P.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: cerebral hemorrhage DATE OF ONSET 1937
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Hypertension
NAME OF OPERATION None 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 Leyal M. Cron M. D. (SIGNED) Miami, Arizona (ADDRESS)

10M-1-25-36-FORM 2-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION