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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

1. PLACE OF DEATH
County Maricopa State ARIZONA State File No. 188
Township _____ or Village _____ Registered No. 57
City PHOENIX No. McKenzie Drive (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME HANNA TEPPER How long in State where death occurred _____ yrs. _____ mos. _____ ds.
(a) Residence: No. McKenzie Drive St. _____ Ward _____ (Usual place of abode) (If not resident of 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) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Tepper

6. DATE OF BIRTH (month, day, and year) August 15, 1878

7. AGE Years 64 Months 10 Days 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At Home

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) Millburn (State or Country) New Jersey

MOTHER FATHER

13. NAME Edward Thomas Whittingham

14. BIRTHPLACE (city or town) New Jersey (State or Country)

15. MAIDEN NAME Martha G. Condit

16. BIRTHPLACE (city or town) New Jersey (State or Country)

17. INFORMANT H. T. W. Tepper (Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Greenwood Cem. Date July 12, 1937

19. EMBALMER License No. _____ Signature Fred E. Warren
FUNERAL DIRECTOR Grimshaw-Acton Mortuary
Address 334 West Monroe

20. Filed 7-13, 1937 James J. Johnson Registrar

21. DATE OF DEATH (month, day, and year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased, from Jan 28 1937 to July 5 1937
I last saw her alive on July 8 1937; death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:
Amebic Colitis Date of Onset 1935

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Stool test Was there an autopsy? Yes

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) Franklin Day M. D.
(Address) _____

10M-6-12-36-MIS-Form 3-100% RAG R of Certificate to be used for any Additional Information