548

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. 534

ARIZONA

Registered No. 138

1. PLACE OF DEATH

County Yuma State

Township or Village

City Yuma ~~General Hospital~~ No. Yuma General Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in State where death occurred? 10 yrs. 10 mos. 6 ds.

2. FULL NAME Ida Belle Smith

(a) Residence: No. Telegraph Pass St. Ward

(Usual place of abode) (If non-resident give city or town and state)

121

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

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

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1926

7. AGE Years 10 Months 10 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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 Country) Yuma Arizona

FATHER

13. NAME J.H. Smith

14. BIRTHPLACE (city or town) (State or Country) Carlton Texas

MOTHER

15. MAIDEN NAME Maude Virginia Cavins

16. BIRTHPLACE (city or town) (State or Country) Texas

17. INFORMANT (Address) J.H. Smith Box 735 Yuma, Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Yuma Cemetery Date 7/7, 1937

19. EMBALMER License No. 2064 Signature F. H. Johnson

FUNERAL DIRECTOR The Johnson Mortuary

Address Yuma Arizona

20. Filed July 7, 1937 Mary A. Muhlerman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to July 5, 1937

I last saw her alive on July 5, 1937; death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Ruptured appendix. Date of Onset June 27 1937

Other contributory causes of importance:

Kidney infection

Name of operation Appendectomy Date of June 27, 1937

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? no Date of injury, 19

Where did injury occur? no (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chester T. Wilson, M. D.

(Address) Yuma, Arizona

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information