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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. 537

ARIZONA

Registered No. 140

1. PLACE OF DEATH
County Yuma State
Township or Village
City Yuma No. 128 9th Ave St. 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. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bell Davis How long in State when death occurred? 10 yrs. mos. ds.
(a) Residence: No. 128 9th Ave Yuma, Arizona Ward.
(Usual place of abode) (If not resident give city or town and state)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Davis
6. DATE OF BIRTH (month, day, and year) Sept. 16, 1859
7. AGE Years 77 Months 9 Days 22 If LESS than 1 day, hrs. or min.

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. Housewife
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) Denton Texas

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or Country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT Dadie E. Davis
(Address) 128 9 th Ave. Yuma, Arizona

18. BURIAL, CREMATION, OR REMOVAL
Place Yuma Cemetery Date 7/10/37 19

19. EMBALMER License No. 206A
Signature F. H. Johnson
FUNERAL DIRECTOR The Johnson Mortuary
Address Yuma Arizona

20. Filed July 9, 1937 Mary A. Wuppermann Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to July 8, 1937
I last saw her alive on July 2, 1937; death is said to have occurred on the date stated above, at 2:05 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
Date of Onset
Other contributory causes of importance:
Name of operation None Date
What test confirmed diagnosis? physical findings Was there an autopsy? no

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? no
If so, specify
(Signed) Galan Eaton, M. D.
(Address) Yuma Ariz.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information