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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. 88

1. PLACE OF DEATH COUNTY Gila STATE ARIZONA REGISTERED NO. 86

TOWNSHIP Miami OR VILLAGE _____ OR _____

CITY _____ NO. Miami Inspiration Hospital ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____

IN CITY OR TOWN WHERE DEATH OCCURRED 1 YRS. 5 MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME May Francis Palmer HOW LONG IN STATE WHERE BIRTH OCCURRED? 1 YRS. 5 MOS. _____ DS.

(A) RESIDENCE: NO. Ice House Canyon ST. _____ WARD _____

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE 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) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1936

7. AGE YEARS 1 MONTHS 5 DAYS 07 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. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Miami (STATE OR COUNTY) Arizona

FATHER 13. NAME Oscar Palmer

14. BIRTHPLACE (CITY OR TOWN) Dage Co. (STATE OR COUNTY) No.

MOTHER 15. MAIDEN NAME Deloris James

16. BIRTHPLACE (CITY OR TOWN) Cushion (STATE OR COUNTY) Oaklahoma

17. INFORMANT Oscar Palmer (ADDRESS) Ice House Canyon

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinal DATE Aug. 22 1937

19. EMBALMER LICENSE NO. 200A SIGNATURE [Signature]

FUNERAL DIRECTOR Miles Mortuary ADDRESS Miami Arizona

20. FILED Aug. 25, 1937 Le. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug. 12, 1937 TO Aug. 21, 1937

I LAST SAW HER ALIVE ON Aug. 20, 1937 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12 55 a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

Pulmonary Embolism _____

Enterocolitis 8-12-37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Age

NAME OF OPERATION None DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ 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 _____

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 None

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY (SIGNED) Cyril M. Brown M. D. (ADDRESS) Miami, Arizona