

2290

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 <u>Maricopa</u> State <u>ARIZONA</u>		State File No. <u>283</u>		
Township <u>Phoenix</u> or Village					City <u>Phoenix</u>		Registered No. <u>586</u>		
(If death occurred in a hospital or institution, give its NAME instead of street and number)					No. _____ St. _____		Ward _____		
Length of residence in city or town where death occurred <u>65</u> yrs. mos. ds.					How long in U. S. of foreign birth? yrs. mos. ds.				
2. FULL NAME <u>Ada Silliman</u>					How long in State when death occurred? yrs. mos. ds.				
(a) Residence: No. <u>1214 E. Cocopa</u> St. _____					Ward _____		(If apartment give city or town and state)		
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the <u>Married</u>)					
6a. If married, widowed, or divorced					HUSBAND of <u>Irving P. Silliman</u>				
(or) WIFE of									
6. DATE OF BIRTH (month, day, and year) <u>Apr. 6, 1872</u>									
7. AGE		Years <u>65</u>		Months <u>7</u>		Days <u>17</u>		If LESS than 1 day, hrs. or min.	
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) <u>Phoenix</u> (State or Country) <u>Arizona</u>									
13. NAME <u>William Morrell</u>									
14. BIRTHPLACE (city or town) <u>Ill.</u> (State or Country)									
15. MAIDEN NAME <u>Edna A. Teel</u>									
16. BIRTHPLACE (city or town) <u>Texas</u> (State or Country)									
17. INFORMANT <u>Irving P. Silliman</u> (Address) <u>1214 E. Cocopa</u>									
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>11/26/37</u>									
19. EMBALMER { License No. <u>150-A</u> Signature <u>Henry T. Forman</u>									
FUNERAL DIRECTOR <u>Henry T. Forman</u> Address <u>Arizona Funeral Home</u>									
20. Filed <u>11-26-37</u> 19 <u>37</u> Registrar <u>James L. Johnson</u>									
					21. DATE OF DEATH (month, day, and year) <u>NOV. 23, 1937</u>				
					22. I HEREBY CERTIFY, That I attended deceased from <u>25 years</u> to <u>Nov 23, 1937</u>				
					I last saw h. <u>at</u> alive on <u>Nov 23, 1937</u> ; death is said to have occurred on the date stated above, at <u>12 Noon</u>				
					The principal cause of death and related causes of importance were as follows: <u>Hypostatic Pneumonia</u> Date of Onset				
					Other contributory causes of importance: <u>Cardiomyopathy involving every thing in abdomen</u>				
					Name of operation <u>none</u> Date of _____				
					What test confirmed diagnosis <u>Autopsy</u> Was there an autopsy? <u>Yes</u>				
					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 <u>37</u>				
					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) <u>Ed S. Hughes</u> M. D.				
					(Address) _____				