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Damaged Document(s)

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. PHYSICIAN 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. 4710 Registered No. _____

1. PLACE OF DEATH
 County Pinal State ARIZONA
 Township _____ or Village _____
 City Coolidge No. _____ 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 _____ yrs. _____ mos. _____ ds. How long 2 if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Buelah Ann Nowlin How long in 2 State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Coolidge, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) _____		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Nov. 14, 1937</u>				
7. AGE		Years	Months	Days
			<u>1</u>	<u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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>Coolidge, Arizona</u> <small>(State or Country)</small>				
MOTHER	13. NAME <u>D. C. Nowlin</u>			
	14. BIRTHPLACE (city or town) <u>OKLAHOMA</u> <small>(State or Country)</small>			
FATHER	15. MAIDEN NAME <u>Ruby Ellis</u>			
	16. BIRTHPLACE (city or town) <u>Florence, Arizona</u> <small>(State or Country)</small>			
17. INFORMANT <u>D. C. Nowlin</u> <small>(Address) <u>Coolidge, Arizona.</u></small>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Florence Cemetery</u> Date <u>Dec. 19, 37</u>				
19. EXEMPTER { License No. <u>None</u> Signature _____				
FUNERAL DIRECTOR <u>Cole & Maud</u> Address <u>Coolidge, Arizona.</u>				
20. Filed <u>Feb 10, 1938</u> <u>Chas D. Delaney</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on Dec 10, 1937; death is said to have occurred on the date stated above, at 2:30 a.m.

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

Heart
Pulmonary hemorrhage
Artery unknown

Date of Onset Dec 19

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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? _____ 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) B. Howard, M. D.
 (Address) Coolidge, Ariz