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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. 14

Registered No. 2

1. PLACE OF DEATH

County Cochise State ARIZONA

Township 24-S or Village

City Douglas No. Cochise County Hospital 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. 1 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa V Childers How long in State when death occurred? 27 yrs. mos. ds.

(a) Residence: No. Benson, Arizona St., (Usual place of abode) (If not 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) Married

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

6. DATE OF BIRTH (month, day, and year) 12-20-1880

7. AGE Years 57 Months Days 13 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) (State or Country) Texas

FATHER

13. NAME Lee Hall

14. BIRTHPLACE (city or town) (State or Country) Tenn

MOTHER

15. MAIDEN NAME Sallie Blackburn

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

17. INFORMANT Mrs C L Rucker (Address) 1102 Box PO Benson, Ariz

18. BURIAL, CREMATION, OR REMOVAL Place St David, Arizona Date 1-4-38 19

19. EMBALMER License No. Signature

FUNERAL DIRECTOR Porter & Ames #29-A

Address Douglas, Arizona

20. Filed 1-4-38, 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-3-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-23-37, 19, to 1-3-38, 19

I last saw her alive on 1-3-38, 19; death is said to have occurred on the date stated above, at 5-55 AM m.

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

Date of Onset

Carcinomatosis (abdominal)

Metastatic - Primary point undeterminable after she entered hospital

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) [signature] M. D.

(Address) Douglas, Arizona

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information