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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. 1000

1. PLACE OF DEATH
County Yavapai State ARIZONA Registered No. _____
Township _____ or Village _____ No. _____ St. _____ Ward _____
City Duncan (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 U. S. if foreign birth? yrs. mos. ds.
2. FULL NAME Laura Eugene McGrath How long in State where death occurred? yrs. mos. ds. 9/40
(a) Residence: No. Franklin Wis. St. _____ Ward _____ (If non-resident 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 word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Jan 21, 1938</u>	
6a. If married, widowed, or divorced—HUSBAND of (or) WIFE of <u>James Franklin McGrath</u>				I HEREBY CERTIFY, that I attended deceased from <u>Jan 21, 1938</u> to <u>Jan 21, 1938</u>	
6. DATE OF BIRTH (month, day, and year) <u>April 5-1877</u>				I last saw her alive on <u>Jan 21, 1938</u> , death is said to have occurred on the date stated above, at <u>5:50 p.m.</u>	
7. AGE	Years <u>62</u>	Months <u>10</u>	Days <u>21</u>	If LESS than 1 day, hrs. or min.	The principal cause of death and related causes of importance were as follows: <u>Angina Pectoris</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				Date of Onset <u>1-21-38</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>Tunnel Hill</u> (State or Country) <u>Georgia</u>					
FATHER	13. NAME <u>James Dillingham Elledge</u>				
	14. BIRTHPLACE (city or town) <u>Georgia</u> (State or Country)				
MOTHER	15. MAIDEN NAME <u>Elizabeth Nations Elledge</u>				
	16. BIRTHPLACE (city or town) <u>Georgia</u> (State or Country)				
17. INFORMANT <u>James Franklin McGrath</u> (Address) <u>Franklin Wis.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Franklin</u> Date <u>Jan 23, 1938</u>					
19. EMBALMER { License No. _____ Signature <u>(Family)</u> FUNERAL DIRECTOR <u>Earl Stowell</u> Address <u>Duncan Arizona</u>					
20. Filed <u>Jan 25, 1938</u> <u>Luzena Romney</u> Registry					
				Name of operation <u>none</u> Date of _____	
				What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
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? <u>no</u>					
If so, specify _____ (Signed) <u>Rose W. Johnson, M. D.</u> (Address) <u>S-C 579-N Duncan Ariz.</u>					