

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.

First positive diagnosis July 1935 - illness undoubted by antidiatesis
STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 311
 Township _____ or Village _____ Registered No. 6
 City Tempe No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Alfreda Wayne How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. St Johns, Arizona 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) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Jarne

6. DATE OF BIRTH (month, day, and year) July 20, 1913

7. AGE Years 24 Months 6 Days 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Extraor

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) St. Johns, Ark.

13. NAME Arson R. Plumb

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

15. MAIDEN NAME Dorrie Neal

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

17. INFORMANT Geo. J. Patterson (Address) St. Johns, Ark.

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns, Ark. Date 2-14-1938

19. EMBALMER License No. _____ Signature [Signature]
 FUNERAL DIRECTOR Care Mortuary
 Address _____

20. Filed 2-14-38 1938 W. B. Irvine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1938, to Feb. 13, 1938
 I last saw her alive on Feb. 12, 1938, death is said to have occurred on the date stated above, at 10:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Advanced pulmonary tuberculosis
The Laryngitis
The gastroenteritis
 Date of Onset _____

Other contributory causes of importance:
The Laryngitis
The gastroenteritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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?
NO
 If so, specify _____
 (Signed) Lloyd R. Swasey M. D.
 (Address) Phoenix, Arizona