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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 30

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 30  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. 356 S. First St. WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
IN CITY OR TOWN WHERE DEATH OCCURRED 28 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE WHEN DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Florence Richards  
(A) RESIDENCE: NO. 356 S. First St. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY, 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 Thomas Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1870

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.  
67      9      26

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. At home

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 COUNTY) Ky.

13. NAME Mr. Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Thomas Richards  
Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Elks Cem. DATE March 18, 1938

19. EMBALMER (LICENSE NO. SIGNATURE) 18A. [Signature]  
FUNERAL DIRECTOR License 10 A. [Signature]  
ADDRESS Globe Arizona

20. FILED Mar. 18, 1938 REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 10, 1938, TO March 16, 1938  
I LAST SAW HER ALIVE ON March 16, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9-15 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute influenza      DATE OF ONSET March 9  
myocarditis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION no 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) \_\_\_\_\_ M. D.  
(ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION