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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.

MARGIN RESERVED FOR BURIAL

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 44  
City Miami No. Gila 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. mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. mos. ds.  
2. FULL NAME Effie Mae Price How long in state when death occurred? ... yrs. 2 mos. ds.  
(a) Residence: No. Miami Ariz St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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>5-31, 1938</u>	I HEREBY CERTIFY, That I attended deceased from <u>May 16, 1938</u> to <u>May 31, 1938</u> I last saw her alive on <u>May 30, 1938</u> ; death is said to have occurred on the date stated above, at <u>3:30 a.m.</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Herman Price</u>				22. The principal cause of death and related causes of importance were as follows: <u>Septic Peritonitis</u>	Date of Onset <u>May 24</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec 24 1912</u>					Other contributory causes of importance: <u>5 mos. Miscarriage</u>	
7. AGE Years <u>26</u> Months <u>5</u> Days <u>7</u> If LESS than 1 day, ... hrs. or ... min.					Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Manner of injury _____ Nature of injury _____	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
12. BIRTHPLACE (city or town) (State or Country) <u>Stephenville Okla</u>					If so, specify _____ (Signed) <u>Alson D. Braxton, M. D.</u> (Address) <u>Miami Arizona</u>	
13. NAME <u>John Robison</u>						
14. BIRTHPLACE (city or town) (State or Country) <u>unknown</u>						
15. MAIDEN NAME <u>unknown</u>						
16. BIRTHPLACE (city or town) (State or Country) <u>??</u>						
17. INFORMANT <u>Herman Price</u> (Address) <u>Miami Ariz</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Konawa Okla</u> Date <u>6-2, 1938</u>						
19. EMBALMER { License No. _____ Signature <u>W. M. Gillan</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> Address <u>Miami Ariz</u>						
20. Filed <u>June 1, 1938</u> Registrar <u>Gene Wheeler</u>						