9142

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

STATE FILE NO. ____

1. PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH

STATE ARIZONA REGISTERED NO. ____

COUNTY Greenlee OR VILLAGE ____ OR

TOWNNSHIP Franklin NO. ____ ST. ____ WARD

CITY ____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET 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. HOW LONG IN STATE WHEN DEATH OCCURRED ____ YRS. ____ MOS. ____ DS.

2. FULL NAME Emma Eliza Bryan Wyatt

(A) RESIDENCE: NO. Franklin, Arizona WARD. (If Non-Resident give City or Town and State)

(Usual Place of Abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Wyatt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1860

7. AGE YEARS 78 MONTHS 0 DAYS 15 IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION

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. ____

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) Near Brundidge Pike Co. Ala

FATHER

13. NAME James Thos Bryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heard Co Ga

MOTHER

15. MAIDEN NAME Sarah Ann Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

17. INFORMANT (ADDRESS) Beulah Wyatt Warren

18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan Cemetery DATE Aug 22 1938

19. EMBALMER FUNERAL DIRECTOR { LICENSE NO. ____ SIGNATURE ____ ADDRESS ____

20. FILED Nov. 20 1939 Eugene Romney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 5, 1938 TO Aug 21, 1938 I LAST SAW HER ALIVE ON Aug 21, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8.51 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Cardio-vascular	
renal Disease	Oct 1937

OTHER COUTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION None. DATE OF ____

WHAT TEST CONFIRMED DIAGNOSIS? Exam. 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? No

IF SO, SPECIFY ____

(SIGNED) Ross W. Johnson M.D.

(ADDRESS) SCS-19 N Duncan Ariz

IDM-10-7-35 FORM 3A PRESCOTT COURIER