9758

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

205

State File No. _____

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 1346

Township _____ or Village _____ or

City Phoenix No. 1308 East Madison 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 38 yrs. — mos. — ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Aggie Greene How long in State when death occurred? 38 yrs. — mos. — ds.

(a) Residence: No. 1308 East Madison 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 Colored

5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, or ~~DIVORCED~~, (Write the word) Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Nelson Greene.

6. DATE OF BIRTH (month, day, and year) Dec 24 1856.

7. AGE Years 81 Months 9 Days 27 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) Arkadelphia Arkansas

FATHER

13. NAME William Schackelford

14. BIRTHPLACE (city or town) (State or Country) Unknown "

MOTHER

15. MAIDEN NAME Ann Murdock

16. BIRTHPLACE (city or town) (State or Country) Unknown "

17. INFORMANT (Address) Mrs. Ethel Strawn 1308 East Madison Street

18. BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery Date Sept 26, 1938

19. EMBALMER License No. 190 A Signature Leland DeWard

FUNERAL DIRECTOR East Lake Mortuary

Address 1641 East Jeff. Street

20. Filed 9-26-38 19 James L. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21, 1938

I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible] 1938

I last saw her alive on August 16th 1938 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

Cancer of Uterus — Date of Onset 1937

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) [illegible] M. D.

(Address) _____

10M—6-12-36—MS—Form 3—100% RAG Back of Certificate to be used for any Additional Information