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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 286
Registered No. 681

1. PLACE OF DEATH
 County Pima State ARIZONA
 Township _____ or Village _____
 City Tucson No. Anson's Rest Home 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 5 yrs. 1 mos. 24 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Mrs. Myrta M. Kean Dennis How long in State when death occurred? 5 yrs. _____ mos. _____ ds.
 (a) Residence: No. Evanston, Ill 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>Sept. 2, 1938</u>	
5a. If married, widowed, or divorced <u>Widowed</u> of <u>Ralph B. Dennis</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>April</u> 19 <u>34</u> to <u>Sept 2</u> , 19 <u>38</u>	
6. DATE OF BIRTH (month, day, and year) <u>July 8, 1884</u>				I last saw her alive on <u>Aug. 26</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>3:30</u> a.m.	
7. AGE	Years <u>54</u>	Months <u>1</u>	Days <u>24</u>	The principal cause of death and related causes of importance were as follows: <u>Pulmonary tuberculosis 1911</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				Other contributory causes of importance: _____	
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) and (State or Country) <u>Wahpeton, N.D.</u>					
13. NAME <u>Charles M. Kean</u>					
14. BIRTHPLACE (city or town) and (State or Country) <u>Vt.</u>					
15. MAIDEN NAME <u>Frances Ambler</u>					
16. BIRTHPLACE (city or town) and (State or Country) <u>Mass.</u>					
17. INFORMANT <u>Mr. Ralph B. Dennis</u> (Address) <u>Ill.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> Place <u>Phoenix</u> Date <u>9-4-38</u> , 19 <u>38</u>					
19. EMBALMER { License No. <u>226</u> Signature <u>R. R. Kerr</u> FUNERAL DIRECTOR <u>Parker Mortuary</u> Address <u>Tucson, Arizona</u>					
20. Filed <u>9-5-</u> , 19 <u>38</u> <u>22-28</u> Registrar					
				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? <u>No</u> If so, specify _____ (Signed) <u>Charles H. Smith</u> M. D. (Address) <u>123 S. Stone Ave, Tucson</u>	