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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.

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088

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. 107
City Globe No. Mosses Court St. _____ or 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 29 yrs. _____ mos. _____ ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Gertrude Phillips How long in State when death occurred? 29 yrs. _____ mos. _____ ds.
(a) Residence: No. Mosses Court St. _____ Ward _____ (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>Negro</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Oct. 31, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William Phillips</u>		6. DATE OF BIRTH (month, day, and year) <u>1880</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 15, 1938</u> , to <u>Sept. 15, 1938</u> I last saw <u>her</u> alive on <u>Sept. 15, 1938</u> ; death is said to have occurred on the date stated above, at <u>12-50P.m.</u>	
7. AGE Years <u>58</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		The principal cause of death and related causes of importance were as follows: <u>Carcinoma left breast</u> Date of Onset <u>about Sept. 1937</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>		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) <u>San Antonio Texas</u>		13. NAME <u>Franklin A. Denison</u>		Name of operation <u>none</u> Date of _____ What test confirmed diagnosis <u>Examination</u> Was there an autopsy? <u>no</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>		15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (city or town) (State or Country) _____		17. INFORMANT <u>Eugene Phillips</u> (Address) <u>Globe Arizona</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. _____	
18. BURIAL PLACE <u>Globe Cemetery</u> Date <u>Nov. 3, 1938</u>		19. EMBALMER License No. <u>18-A</u> Signature <u>J. D. Jones</u> FUNERAL DIRECTOR License <u>10-A</u> Signature <u>J. D. Jones</u> Address <u>Globe Arizona</u>		Manner of injury _____ Nature of injury _____	
20. Filed <u>Nov. 3, 1938</u> Registrar <u>J. D. Jones</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____		(Signed) <u>J. C. Harper</u> M. D. (Address) <u>Globe, Ariz.</u>	

10M 1-7-38 MS Form 3 100% Rag Back of Certificate to be used for any Additional Information