2450

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

420

State File No. ____

Registered No. 16

1. PLACE OF DEATH

County Yuma State ARIZONA

Township Somerton or Village ____

City ____ No. ____ 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. 1 mos. ____ ds. How long in U. S. if foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Catherine Tallison How long in State when death occurred? ____ yrs. ____ mos. ____ ds.

(a) Residence: No. Yuma arizona 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 White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sept 8 1938

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

7. AGE Years ____ Months 1 Days 3 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) Yuma arizona

FATHER

13. NAME Valva Tallison

14. BIRTHPLACE (city or town) (State or Country) Oklahoma

MOTHER

15. MAIDEN NAME Orsata Scott

16. BIRTHPLACE (city or town) (State or Country) Oklahoma

17. INFORMANT T. O. H. O. V. Tallison (Address) General Somerton

18. BURIAL, CREMATION, OR REMOVAL Place Yuma Cemetery Date 10/13 1938

19. EMBALMER License No. ____ Signature ____

FUNERAL DIRECTOR The Johnson mortuary

Address Yuma Arizona

20. Filed Oct. 15, 1938 W. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1938, to Oct. 12, 1938.

I last saw her alive on Oct. 12, 1938; death is said to have occurred on the date stated above, at 5:00 A. m.

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

	Date of Onset
Diphtheria	10-10-38
Toxic Myocarditis	10-13-38

Other contributory causes of importance:

Pertussis	10-7-38
Bronchopneumonia	10-10-38

Name of operation ____ Date of ____

What test confirmed diagnosis? Laboratory 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) A. J. Pidolsen, M. D.

(Address) Somerton, Ariz.

10M 1-7-38 MS Form 3 100% Rag

Back of Certificate to be used for any Additional Information