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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** State File No. 61
 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Pima State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami 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. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 2. FULL NAME Baby Oliver How long in State when death occurred? yrs. mos. ds.
 (a) Residence: No. 1215 Alderman 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)			21. DATE OF DEATH (month, day, and year) <u>4-13, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. <u>4-13</u> 19 <u>39</u> , to <u>4-13</u> 19 <u>39</u>	HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) <u>Apr. 13/1934</u>					I last saw her alive on <u>4-13, 1934</u> ; death is said to have occurred on the date stated above, <u>6:20 a.m.</u>	
7. AGE Years <u>0</u> Months <u>0</u> Days <u>10</u> If LESS than 1 day, hrs. or min.					The principal cause of death and related causes of importance were as follows: <u>Stillborn infant (full term)</u> Date of Onset <u>4-13-39</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					Other contributory causes of importance: <u>Cause unknown</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Name of operating _____ Date of _____	
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>Miami, Ariz</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Harry M. Oliver</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
14. BIRTHPLACE (city or town) (State or Country) <u>Van Buren, Arkansas</u>					Where did injury occur? _____ (Specify city or town, county and State)	
15. MAIDEN NAME <u>Ma May Crabtree</u>					Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) (State or Country) <u>Arkansas</u>					Manner of injury _____	
17. INFORMANT (Address) <u>Harry Oliver, 1215 Alderman</u>					Nature of injury _____	
18. BURIAL, CREMATION, or REMOVAL Place <u>Van Buren Cem.</u> Date <u>4-13-39</u>					24. Was disease or injury in any way related to occupation of deceased? _____	
19. EMBALMER License No. _____ Signature <u>W. M. Sullivan</u>					If so, specify _____ (Signed) _____ M. D.	
FUNERAL DIRECTOR <u>Miles Mortuary</u> Address <u>Miami, Ariz</u>					(Address) <u>Miami, Arizona</u>	
20. Filed <u>Apr 15</u> 19 <u>39</u> Registrar _____						