2557

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

348

1. PLACE OF DEATH

County Pima State ARIZONA State File No.

Township or Village Registered No. 336

City Tucson No. St. Mary's Hospital or

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lola Bell Wilson How long in State when death occurred? 33 yrs. mos. ds.

(a) Residence: No. 1115 East 6th. St., Ward (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arch W. Wilson

6. DATE OF BIRTH (month, day, and year): 3-13-1879

7. AGE: Years 60, Months 3, Days 13. 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): Seguin, Texas

FATHER

13. NAME: John Oliver

14. BIRTHPLACE (city or town) (State or Country): Devine, Texas

MOTHER

15. MAIDEN NAME: Fannie Little

16. BIRTHPLACE (city or town) (State or Country): Not Known

17. INFORMANT (Address): Oliver Wilson 1115 East 6th. St.

18. BURIAL, CREMATION, OR REMOVAL: Removal

Place: Wilcox, Arizona. Date: 4-17, 1939

19. EMBALMER: License No. 464 Signature: W. J. Hammond

FUNERAL DIRECTOR: Howard A. Bring #69A

Address: Tucson, Arizona

20. Filed 4-17-, 1939 L. H. Hammond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-16-39 19

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1933, to Apr 16, 1939

I last saw her alive on Apr 16, 1939; death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows: 131

	Date of Onset
Cerebral Hemorrhage	Apr 7 39

Other contributory causes of importance:

Chronic Nephritis	—
Hypertension	—

Name of operation Clinical Date of

What test confirmed diagnosis? 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?

If so, specify N C Bledsoe

(Signed) Tucson, M. D.

(Address)

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information