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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. 448
Registered No. 85

1. PLACE OF DEATH
 County Yuma State ARIZONA
 Township _____ or Village _____
 City Yuma No. Yuma General Hospital 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 32 yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.
 2. FULL NAME Mattie Douglas Babb How long in State when death occurred? 32 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				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>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>May 23, 1939</u>	
5a. If married, widowed, or divorced <small>Wife of</small> <u>David S. Babb</u> <small>(or) WIFE of</small>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 19 <u>39</u> , to <u>May 23</u> , 19 <u>39</u>	
6. DATE OF BIRTH (month, day, and year) <u>January 13, 1859</u>				I last saw her alive on <u>May 23, 1939</u> death is said to have occurred on the date stated above, at <u>10:50 a</u> m.	
7. AGE	Years <u>80</u>	Months <u>4</u>	Days <u>10</u>	The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hwfe</u>				Date of Onset <u>1937</u>	
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)				Other contributory causes of importance: <u>None</u>	
11. Total time (years) spent in this occupation				Name of operation <u>None</u> Date of _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Van Buren Ky.</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
13. NAME <u>Joe Lewis</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.	
14. BIRTHPLACE (city or town) (State or Country) <u>Ky.</u>				Manner of injury _____ Nature of injury _____	
15. MAIDEN NAME <u>Burleson</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
16. BIRTHPLACE (city or town) (State or Country) <u>Ky.</u>				If so, specify _____	
17. INFORMANT <u>Harry D. Eabb</u> (Address) <u>Route 1 Box 244 Yuma, ARIZ</u>				(Signed) <u>M. D. [Signature]</u> M. D. (Address) <u>Yuma Ariz</u>	
18. BURIAL, CREMATION, OR REBURYAL Place <u>Yuma Cemetery</u> Date <u>5/24/39</u>				Registrar <u>[Signature]</u>	
19. EMBALMER { License No. <u>19A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> Address <u>Yuma, Arizona</u>					
20. Filed <u>May 23, 1939</u> <u>[Signature]</u>					