4040

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. 488

1. PLACE OF DEATH

County Yuma State ARIZONA Registered No. 122

Township or Village or

City Yuma 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 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Earlester Mae Keane How long in State when death occurred? 18 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) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Arnold L. Keane

6. DATE OF BIRTH (month, day, and year) July 23 1912

7. AGE Years 24 Months 11 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Canton Texas

FATHER

13. NAME Earl Wilson

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

MOTHER

15. MAIDEN NAME Effie Tanner

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

17. INFORMANT (Address) Arnold L. Keane Box 295 Yuma, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Desert Lawn Memorial Park Date 7/19/39, 19

19. EMBALMER License No. 19A Signature O. Johnson

FUNERAL DIRECTOR The Konnson Mortuary

Address Yuma, Arizona

20. Filed July 17, 1939 Mary A. Huffman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939 to July 16 1939

I last saw her alive on July 16, 1939; death is said to have occurred on the date stated above, at 8:00 P.

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

	Date of Onset
Acute nephritis with edema	?
Heat exhaustion	July 16, 1939

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autoposy?

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) John F. Stanley, M. D.

(Address) Yuma, Arizona.

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information