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32

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

1. PLACE OF DEATH
County Cochise State ARIZONA Registered No. 171
Township Douglas or Village _____
City Douglas No. 1510- 9th St. 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 35 yrs. mos. ds. How long in U.S. if of foreign birth? _____ yrs. mos. ds.
2. FULL NAME Emma Pruitt Vaughan How long in state when death occurred? 35 yrs. mos. ds.
(a) Residence: 862- Greene Street (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>Widow</u>			21. DATE OF DEATH (month, day, and year) <u>9-20-39</u> 19	
5a. If married, widowed, or divorced HUSBAND of <u>James H Vaughan</u> (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 18</u> , 19 <u>39</u> , to <u>Sept 20</u> , 19 <u>39</u> I last saw her alive on <u>Sept 19</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>1.45 A.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>2-25- 1860</u>					The principal cause of death and related causes of importance were as follows: <u>Coronary Sclerosis</u>	
7. AGE	Years <u>79</u>	Months <u>6</u>	Days <u>25</u>	If LESS than 1 day, hrs. or min.	Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</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)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Palo Pinto</u> (State or Country) <u>Texas</u>					Other contributory causes of importance: <u>Atherosclerosis</u>	
FATHER	13. NAME <u>Ira c Pruitt</u>				Name of operation <u>None</u> Date of _____	
	14. BIRTHPLACE (city or town) <u>Alabama</u> (State or Country)				What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Harriette Criswell</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)	
	16. BIRTHPLACE (city or town) <u>Arkansas</u> (State or Country)				Specify whether injury occurred in industry, in home, or in public place _____ Manner of injury _____ Nature of injury _____	
17. INFORMANT <u>Harry Caldwell</u> (Address) <u>1510- 9th Street</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>E. W. Anderson</u> M. D. (Address) <u>Douglas, Ariz.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas Arizona</u> Date <u>9-21-39</u> 19____						
19. EMBALMER { License No. <u>238-A</u> Signature <u>Gordon Brown</u> FUNERAL DIRECTOR <u>Porter & Ames</u> Address <u>Douglas Arizona</u>						
20. Filed <u>Sept 20, 1939</u> <u>Curdammor</u> Registrar						