

1597

77

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. _____
 Township _____ or Village _____ Registered No. _____
 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 27 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Alia Adams Rice How long in State when death occurred? 27 yrs. _____ mos. _____ ds.
 (a) Residence: No. 617 Railroad ave. 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 Robert J. Rice (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Feb. 4, 1854
 7. AGE Years 85 Months 7 Days 17 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) Rock Castle Co. Kentucky (State or Country)
 MOTHER FATHER
 13. NAME Willis Adams
 14. BIRTHPLACE (city or town) Rock Castle Co. Ky (State or Country)
 15. MAIDEN NAME Helen Hiatt
 16. BIRTHPLACE (city or town) Rock Castle Co. Ky (State or Country)
 17. INFORMANT Mrs. Mary Alice Brinton (Address) Rock Castle, Ky
 18. BURIAL, CREMATION, OR REMOVAL Place Rock Castle Kentucky 19. _____
 19. EMBALMER License No. 297 Signature John C. Fahsberg
 FUNERAL DIRECTOR Rita B. Miles
 Address Miami, Arizona
 20. Filed Sept. 23, 1939 Registrar Frank D. Brinton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 21, 1939
 I HEREBY CERTIFY, that I attended deceased from Sept 1, 1939 to Sept 21, 1939
 I last saw her alive on Sept 1, 1939; death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation _____ 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 _____
 (Signed) Wesley D. Brinton, M. D.
 (Address) Miami, Ariz.

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.