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STANDARD CERTIFICATE OF DEATH
Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Cochise State ARIZONA
 Township Pima or Village _____
 City Pima No. _____ or 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: 5 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Mattie Bell Wayne Taylor long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: Pima Arizona; (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) Widowed

5a. If married, widowed, or divorced HUSBAND of Marion Albert Taylor (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec 30, 1888

7. AGE Year 50 Months 9 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (city or town) Pima (State or Country) Ariz.

FATHER
 13. NAME Charles P. Wayne
 14. BIRTHPLACE (city or town) South Carolina (State or Country)

MOTHER
 15. MAIDEN NAME Era Green Taylor
 16. BIRTHPLACE (city or town) W.Va. (State or Country)

17. INFORMANT Milt Lina (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Pima, Ariz Date 9/23/39

19. EMBALMER { License No. _____ Signature _____ }
 FUNERAL DIRECTOR Milt Lina (Bishop)
 Address Pima, Arizona

20. Filed Oct 9, 1939 Registrar W. H. Mathison

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1939 to Sept 27, 1939
 I last saw her alive on Sept 21, 1939; death is said to have occurred on the date stated above, at 12:30 P.
 The principal cause of death and related causes of importance were as follows:
Cancer of abdomen (metastatic carcinoma from left kidney)
 Date of Onset _____
 Other contributory causes of importance: _____

Name of operation no Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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) L. W. Butler M. D.
 (Address) Safford, Arizona

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.