2691

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 476
Registrar's No. 6

1. Place of Death: (a) County Pima (b) City or Town Ajo (If outside city limits also write RURAL) (c) Location New Cornelia Hosp (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 hr.; In Community 15 yrs (Specify whether years, months or days); In Arizona 15 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Ajo (If outside city limits also write RURAL)

(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Martha Jane Broom (b) If veteran name war (c) Social Security No. (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
F	W	Married

6. (b) Name of husband or wife James Broom
6. (c) Age of husband or wife, if alive 75 yrs.

7. Birthdate of deceased July (Month) 22 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	7	hrs. min.

9. Birthplace Brownwood (City, town or county) Tex (State or Country)

10. Usual Occupation Domestic

11. Industry or Business

Father
12. Name ~~Unk~~ Willis
13. Birthplace (City, town or county) (State or Country)

Mother
14. Maiden Name Unknown
15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs M E. Broom
(b) Address Ajo, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Ajo (c) Date Feb. 1 1943

18. (a) Embalmer's Signature J. T. McCarthy
(b) Funeral Director J. T. McCarthy
(c) Address Ajo, Ariz

19. (a) Feb. 2 1943 (Date received local Registrar)
(b) Lois L. Whiteley (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-29, 1943
TIME (Hour and minute) 3:00 a. M.

21. I hereby certify that I attended the deceased from 1-27-43, 19 to 1-29, 1943 that I last saw her alive on 1-28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M. D.
Address Ajo Ariz Date signed 1-30-43