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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.
Registrar's No. 132

1. Place of Death: (a) County Cochise (b) City or Town Douglas (Rural) (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 16 days; In Community 24 Years; In Arizona 24 Years (Specify whether years, months or days)

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

(d) Street No. 1438-Tenth St.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Bessie Edith Evans (b) If Veteran name war (c) Social Security No. None

4. Sex: Female

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Ernest

6. (c) Age of husband or wife, if alive 38 yrs.

7. Birthdate of deceased Nov (Month) 3 (Day) 1905 (Year)

8. AGE: Years 39 Months 10 Days 15 If less than one day hrs. min.

9. Birthplace Quervo (City, town or county) N. Mexico (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name Robt. E. Bryan
13. Birthplace Sparter Tenn. (City, town or county) (State or Country)

Mother
14. Maiden Name Edith Reed
15. Birthplace Ranger, Texas (City, town or county) (State or Country)

16. (a) Informant's own signature [signature]
(b) Address 1438-10th St. Douglas. Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 9-19-45 19

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Brown-Page Mortuary
(c) Address Douglas, Ariz.

19. (a) Sept. 18 - 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-17-45, 19; TIME (Hour and minute) 11:55 P.M. M.

21. I hereby certify that I attended the deceased from June 10, 19 44 to Sept 17, 19 45; that I last saw her alive on Sept 15, 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - Congestive Nephritis

Due to Arteriosclerosis Malignant type hypertension

Due to

Other conditions (Include pregnancy within three 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 [signature] M. D.
Address Douglas Ariz. Date signed 9/18/45

40M—100% Rag—6-10-44