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. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County Maricopa State Arizona State File No. 340

District or Township .... or Village .... Local Registrar's No. 2154

City Phoenix No. Dreamy Draw St., ... Ward or (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Aryda Viola Cloud

(a) Residence, No. Dreamy Draw (Usual place of abode) St., ... Ward. (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5, 1888

7. AGE Years 41 Months Days IF LESS than 1 day .... hrs. or .... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Erwing XXXXXXX

11. BIRTHPLACE OF FATHER Unknown (State or country) (city or town)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER " (State or country) (city or town)

14. Informant Bernice Cloud
(Address) Dreamy Draw

15. Filed 3/31, 1930 [illegible signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28, 1930 (Month, Day, Year)

17. I HEREBY CERTIFY, That I attended deceased from Jul. 9th, 1930 to Mar. 28th, 1930, that I last saw her alive on Mar. 27th, 1930 and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) [illegible] yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .... (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical examination

(Signed) [illegible signature], M. D.

19 (Address) Security Bldg

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood

DATE OF BURIAL: Mar. 31, 1930

20. UNDERTAKER: A. L. Moore & Sons

ADDRESS