

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 State File No. 129a
 Local Registrar's No. 83

1. PLACE OF DEATH Mariopola State Ariz
 County _____ or Village _____ St. _____ Ward _____
 District or Township Peoria No. _____
 City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME _____ St. _____ Ward _____
 (a) Residence, No. _____ (Usual place of abode) _____
 Length of residence in city or town where death occurred 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) 8-9-31

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

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

9. BIRTHPLACE (city or town) Peoria Ariz
 (State or country) _____

10. NAME OF FATHER Jelva Cloud

11. BIRTHPLACE OF FATHER Texas
 (State or country) _____

12. MAIDEN NAME OF MOTHER Jone Alsworth

13. BIRTHPLACE OF MOTHER Arizona
 (State or country) _____

14. Informant Jelva Cloud
 (Address) Peoria

15. Filed 8-10-31 1931
J. B. Brazill Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8-9-31
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 8-9-31 to 8-9-31, 1931, that I last saw her alive on 8-9-31 and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH* was as follows:
Prematurity

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? _____
 (Signed) J. M. Peavon M. D.
 _____ 19 _____ (Address)

* 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 Glendale Cemetery

20. UNDERTAKER Parents

DATE OF BURIAL 8-9-1931
 ADDRESS Peoria

MARGIN RESERVED FOR BINDING RECORD. Every item of information should be carefully written plainly, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully written in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully written in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 PARENTS