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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.

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

1. PLACE OF DEATH
 County Yavapai State ARIZONA Registered No. _____
 Township Snowflake or Village _____
 City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Snowflake Maternity Hospital Ward _____

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.
 2. FULL NAME Eudith Leraia Brewer How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Snowflake St. _____ Ward 3 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Infant</u>		21. DATE OF DEATH (month, day, and year) <u>11-7-39</u>	19 <u>39</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>11-7-39</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 7</u> , 19 <u>39</u> , to <u>Nov. 8</u> , 19 <u>39</u> . I last saw her alive on <u>Nov. 8</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>10:20 a.m.</u>	
7. AGE	Years	Months	Days	The principal cause of death and related causes of importance were as follows: <u>Atelectasis</u>	
			If LESS than 1 day, _____ hrs. or _____ min. <u>24 hours</u>	Date of Onset _____	
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. _____		Other contributory causes of importance: _____	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Snowflake</u> <u>Yavapai Co. Ariz.</u>		13. NAME <u>Gerald Pertosa Brewer</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Pine Dale</u> <u>Yavapai Arizona</u>		15. MAIDEN NAME <u>Flossie Lewis</u>		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.	
16. BIRTHPLACE (city or town) (State or Country) <u>Taylor</u> <u>Arizona</u>		17. INFORMANT (Address) <u>P. Brewer</u> <u>Snowflake</u>		Manner of injury _____ Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pine Dale</u> Date <u>Nov 9, 1939</u>		19. EMBALMER License No. _____ Signature _____ FUNERAL DIRECTOR Address _____		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
20. Filed <u>Nov 9, 1939</u>		Registrar <u>Walter R. Freeman</u>		(Signed) <u>J. N. Hayward</u> M. D. (Address) <u>Snowflake</u>	