

2268

*Tucson*

428

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  
PLACE OF DEATH

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 428

COUNTY Pima STATE ARIZONA REGISTERED NO. 574

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Tucson NO. St. Mary's Hosp. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

AGE AT DEATH 74 YRS. 1 MOS. 7 DS. NOW LIVING IN U. S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
ILL NAME Mattie Evelyn Early HOW LONG IN STATE WHEN DEATH OCCURRED: 15 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

RESIDENCE: NO. 22 West Drachman ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widowed

MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF Luther W. Early

DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1862

AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>74</u>	<u>1</u>	<u>7</u>	

TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

BIRTHPLACE (CITY OR TOWN) Nevada (STATE OR COUNTY) Texas

NAME John McMinn

BIRTHPLACE (CITY OR TOWN) Chattonooga (STATE OR COUNTY) Tem.

MAIDEN NAME Evelyn Majors

BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTY) Ky.

FORMER ADDRESS (CITY OR TOWN) C.W. Early (STATE OR COUNTY) Tucson Arizona

MANNER OF BURIAL, CREMATION, OR REMOVAL Removal  
PLACE Phoenix Arizona DATE 7/29/36, 19\_\_

EMBALMER LICENSE NO. 184 A  
SIGNATURE H.M. Parker

GENERAL DIRECTOR Parker Mortuary  
ADDRESS Tucson Ariz.

LED. July 27, 1936 Lewis H. Howard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/36, 19\_\_

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM December, 1935, TO July 27, 1936  
I LAST SAW HIM ALIVE ON July 27, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:30 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
acute myocarditis  
Uremia Poisoning

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Uremia Poisoning  
Chronic Failure

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? no

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 \_\_\_\_\_  
MANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no

IF SO, SPECIFY (SIGNED) J. H. Morrison M. D.  
(ADDRESS) Tucson Ariz.