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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 148

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 7
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Peoria NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 27 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Cora Lou Harris HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE NO. Peoria ST. _____ WARD _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>R. H. Travis</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 21, 1898</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>5</u>	DAYS <u>15</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) <u>Sheilmond Tenn.</u> (STATE OR COUNTY)				
FATHER	13. NAME <u>J. A. Hammonds</u>			
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____			
MOTHER	15. MAIDEN NAME <u>Amanda Quarles</u>			
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____			
17. INFORMANT <u>R. H. Travis</u> (ADDRESS) <u>Peoria</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>7-21-39</u>				
19. EMBALMER	LICENSE NO. <u>15-a</u>			
	SIGNATURE _____			
FUNERAL DIRECTOR	SIGNATURE <u>A. H. M. ...</u>			
	ADDRESS <u>Phoenix ...</u>			
20. FILED _____, 19 _____				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 30, 1939 TO July 6, 1939
I LAST SAW HER ALIVE ON July 6, 1939; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:30 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Cerebrovascular disease DATE OF ONSET 11/2/38
hypertension
diabetes

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
WHAT TEST General symptoms 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 _____

IF DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? Not as far as I know
IF SO, SPECIFY (SIGNED) A. P. ... M. D.
(ADDRESS) Phoenix, Ariz.