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Damaged Document(s)

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.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index - - No. 437	
1. County	Yuma		County Registrar's No. 64	
District			Local Registrar's - No. 1	
Town or City	Boush		St. _____ Ward _____	
ORIGINAL CERTIFICATE OF DEATH				
2. FULL NAME <i>Margaret Louise Winters</i>				
(a) Residence. No. <i>Bouse</i>			St. _____ Ward _____	
(Usual place of abode)			(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <i>11</i> yrs. - mos. - ds.			How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	16. DATE OF DEATH (month, day, and year) <i>Mar 15 1923</i>	
<i>Female</i>	<i>White</i>	<i>Widowed</i>	17. I HEREBY CERTIFY, That I attended deceased from <i>Mar 11</i> , 1923 to <i>Mar 17</i> , 1923, that I last saw her alive on <i>Mar 12</i> , 1923, and that death occurred, on the date stated above, at <i>9:00</i> p.m. The CAUSE OF DEATH* was as follows:	
5a. If married, widowed, or divorced <i>HUSBAND of</i> (or) WIFE of <i>Walter Winters</i>			<i>Cerebral hemorrhage</i>	
6. DATE OF BIRTH (month, day and year) <i>Aug 1 1855</i>			(duration) _____ yrs. _____ mos. _____ ds.	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.
<i>67</i>	<i>10</i>	<i>15</i>		
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			CONTRIBUTORY <i>Arteriosclerosis</i> (duration) <i>4</i> yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) (State or country) <i>Denver</i>			18. Where was disease contracted if not at place of death?	
10. NAME OF FATHER <i>Fred Powers</i>			Did an operation precede death? <i>No</i> Date of _____	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <i>Illinois</i>			Was there an autopsy? <i>No</i>	
12. MAIDEN NAME OF MOTHER <i>McKinnon</i>			What test confirmed diagnosis? _____	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <i>Illinois</i>			(Signed) <i>H. E. Seales</i> , M. D. 19 (Address) <i>Swansea Ariz.</i>	
14. Informant (Address) <i>John H. Winters Bouse, Ariz.</i>			* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
15. Filed <i>3/17 1923</i> <i>John Bellus</i> Registrar			19. PLACE OF BURIAL, CREMATION OR REMOVAL <i>Bouse, Ariz.</i> DATE OF BURIAL <i>Mar 17 1923</i>	
<i>4-16-23</i> <i>Yuma County Registrar</i>			20. UNDERTAKER <i>H. W. Means</i> ADDRESS <i>Phoenix Ariz.</i>	