

2375

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PENCILLY, 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 <u>Yavapai</u> State <u>ARIZONA</u>		State File No. <u>3190</u>	
Township <u>Seligman</u>		City <u>Seligman</u> or Village		Registered No. <u>7</u>	
Length of residence in city or town where death occurred		(If death occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____	
2. FULL NAME <u>Hena Pearl Walker</u>		How long in U. S. if foreign birth		mos. _____ ds. _____	
(a) Residence: No. <u>Seligman Ariz</u>		How long in State when death occurred?		yrs. _____ mos. _____ ds. _____	
(Usual place of abode)		St. _____ Ward <u>200a</u>		(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 of (or) WIFE of <u>L. P. Walker</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct 18 - 1890</u>					
7. AGE		Years <u>43</u>	Months	Days <u>8</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) (state or country) <u>Van Wyck So Carolina</u>					
FATHER	13. NAME <u>J. J. Hayes</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Lincolnton So Carolina</u>				
MOTHER	15. MAIDEN NAME <u>Bessie Camp</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Buffalow So Carolina</u>				
17. INFORMANT (Address) <u>L. P. Walker Seligman Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Ringman Ariz</u>		Date <u>Oct 19, 1933</u>			
19. UNDERTAKER (Address) <u>C. R. Van Hatten Seligman Ariz</u>					
20. Filed <u>Nov 15, 1933</u> <u>Dr. J. T. Connor</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 16, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 16, 1933, to Oct 16, 1933</u>					
I last saw h. <u>er</u> alive on <u>Oct 16, 1933</u> ; death is said to have occurred on the date stated above, at <u>8:40 P. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Heart Failure</u>					
Other contributory causes of importance: <u>Immediately following polio infection by hay- fever</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>x-ray</u> Was there an autopsy? _____					
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? <u>no</u>					
If so, specify _____					
(Signed) <u>J. W. Connor</u> M. D.					
(Address) <u>Seligman Ariz</u>					