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MARGIN RESERVED FOR BINDING  
N. B.—WRITE FULLY, 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.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Maricopa State Arizona  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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 Molinda Cranford  
 (a) Residence: No. 1039 West Taylor Str St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident 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>Married</u>			21. DATE OF DEATH (month, day, and year) <u>6/12-31 1931</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edward Cranford</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>June 12, 1931</u> , to <u>June 12, 1931</u> I last saw her alive on <u>June 12, 1930</u> ; death is said to have occurred on the date stated above, at <u>8 PM.</u>		
6. DATE OF BIRTH (month, day, and year) <u>Dont Know</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE <u>49</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	Date of Onset <u>Pulmonary tuberculosis</u> <u>1925</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>					Other contributory causes of importance:	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					<u>hemorrhage</u>	
10. Date deceased last worked at this occupation (month and year)					Name of operation <u>none</u> Date of _____	
11. Total time (years) spent in this occupation					What test confirmed diagnosis? <u>EXAM</u> Was there an autopsy? _____	
12. BIRTHPLACE (city or town) (State or country) <u>Arkansas</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)	
13. NAME <u>Robertson</u>					Specify whether injury occurred in industry, in home, or in public place.	
14. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>					Manner of injury _____	
15. MAIDEN NAME <u>Dont Know</u>					Nature of injury _____	
16. BIRTHPLACE (city or town) (State or country) <u>Dont Know</u>					24. Was disease or injury in any way related to occupation of deceased? <u>none</u>	
17. INFORMANT <u>Husband</u> (Address)					If so, specify <u>J. S. Mauden</u> M. D. (Signed) (Address) <u>215 Ellis Building, Phoenix</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Forest Lawn</u> Date <u>6/13-1931</u>						
19. UNDERTAKER <u>Hockrey Mortuary Assn</u> (Address)						
20. Filed <u>6-23 1931</u> <u>R. J. Raney</u> Registrar.						