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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

STATE FILE NO. **144**

1. PLACE OF DEATH
 COUNTY Graham STATE ARIZONA REGISTERED NO. 22
 TOWNSHIP _____ OR VILLAGE _____
 CITY Safford NO. _____ ST. _____ WARD _____

LENGTH OF RESIDENCE IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER
 IN CITY OR TOWN WHERE DEATH OCCURRED 38 YRS. 8 MOS. 19 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Pearl Talley Walker HOW LONG IN STATE WHEN DEATH OCCURRED? 28 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. Safford Ariz ST. _____ WARD _____ (IF NON-RESIDENT 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>Jan 31, 1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 27, 1937</u> TO <u>Jan 31, 1937</u> I LAST SAW HER ALIVE ON <u>Jan 31, 1937</u> , DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7 P. M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gus Walker</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u> <u>in her bed</u>	DATE OF ONSET <u>1/27</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13, 1898</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. <u>38</u> <u>8</u> <u>19</u>					NAME OF OPERATION _____ DATE OF _____	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>					WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY, 19____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Safford</u>					MANNER OF INJURY _____	
13. NAME <u>J. T. Talley</u>					NATURE OF INJURY _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Carbondale</u>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
15. MAIDEN NAME <u>Mary Golding</u>					IF SO, SPECIFY _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Carbondale</u>					(SIGNED) <u>F. W. Purdum</u> M. D.	
17. INFORMANT (ADDRESS) <u>Jessie Talley</u>					(ADDRESS) <u>Safford, Ariz</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reservoir Ariz</u> DATE <u>Feb 2, 1937</u>					20. FILED <u>March 7, 1937</u>	
19. EMBALMER LICENSÉ NO. _____ FUNERAL DIRECTOR <u>M. C. Rawson</u> ADDRESS <u>Safford, Ariz</u>					REGISTRAR <u>F. W. Purdum</u>	

FORM 1-25-36—FORM 3—100% REG. BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION