

786

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa
District no 3

BUREAU OF VITAL STATISTICS

State Index - - No. 203
County Registrar's - No. 1242
Local Registrar's - No. 272

Town or City Gilbert

ORIGINAL CERTIFICATE OF DEATH

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Stiel Boren child Elvas S Limes

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)

16. DATE OF DEATH (month, day, and year) July 17 1924

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw h_____ alive on _____, 19____

6. DATE OF BIRTH (month, day and year) July 17-1924

and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

7. AGE Years Months Days IF LESS than 1 day _____ hrs. or _____ min. Still Born

Stillborn "8 mo fetus"
Cause unknown

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 _____

(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (city or town) Ariz (State or country)

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER Elvon S Limes

18. Where was disease contracted if not at place of death? _____

11. BIRTHPLACE OF FATHER Cal (city or town) (State or country)

Did an operation precede death? no Date of _____

12. MAIDEN NAME OF MOTHER Loula Roust

Was there an autopsy? no

13. BIRTHPLACE OF MOTHER Mex (city or town) (State or country)

What test confirmed diagnosis? ✓

14. Informant E S Limes (Address) Gilbert

(Signed) J. C. Gardner M. D. 7/19 1924 (Address) Cohandla Arizona

15. Filed July 19 1924 D. L. McNeill Local Registrar.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

V. S. No. _____

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery DATE OF BURIAL July 18 1924

20. UNDERTAKER W A Hunter & Sons ADDRESS Mesa

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.