

756

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	
1. PLACE OF DEATH		County <u>Coconino</u> State <u>ARIZONA</u>		State File No. _____ Registered No. _____	
Township <u>Flagstaff</u> or Village _____		City _____ 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 <u>Kate Rickel</u>		Nationality <u>German</u>		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
(a) Residence: No. _____ (Usual place of abode)		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>Feb. 14, 1904</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.		
6. DATE OF BIRTH (month, day, and year) _____			I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.		
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:
<u>40</u>					<u>Bright's Disease</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Date of Onset		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>3 Mo</u>		
	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) _____					
MOTHER	13. NAME _____		Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) _____ (State or country) _____		What test confirmed diagnosis? _____ Was there an autopsy? _____		
	15. MAIDEN NAME _____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.		
16. BIRTHPLACE (city or town) _____ (State or country) _____		Where did injury occur? _____ (Specify city or town, county and State)			
17. INFORMANT (Address) _____		Specify whether injury occurred in industry, in home, or in public place.			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Flagstaff</u> Date _____, 19____		Manner of injury _____ Nature of injury _____			
19. UNDERTAKER (Address) <u>Ed. Hipple</u>		24. Was disease or injury in any way related to occupation of deceased? _____			
20. Filed _____, 19____ Registrar _____		If so, specify <u>Frank E. Conder</u> (Signed) _____ M. D. (Address) _____			