Arizona State Board of Health

VITAL STATISTICS

Affidavits for Correction of a Record

State of Arizona, County of Gila } ss.

Local Reg. No. .....

City or Town of Miami

Dr. C. M. Cron (Name of Affiant) of Miami (Address)

Arizona, being first duly sworn, deposes and says that he/~~she~~ is attending Physician (If related specify degree—If friend or otherwise, so state)

of Betty Jean Minser { who was born / who died } in the City of Miami Arizona

County of Gila on the 8 day of July 1931

as stated in a certificate of birth/death filed by Dr. C. M. Cron. (Give name of physician or midwife for birth—Undertaker for death)

with the Local Registrar for Miami, Arizona, on 7-15-31 (Date)

That the following facts set forth in said certificate are not correctly stated therein, to-wit:

Birthplace of father Spurgeon Miss.

That affiant upon his/her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows: Mother May Ethel Minser

Father Ram Spurgeon Mo. Bert Minser

~~Dr. Cyril M. Cron~~

(Affiant) Cyril M. Cron M.D.

(Address) Miami Arizona

Subscribed and sworn to before me this 11th day of January 1943

Notary Public John Carpenter

My Commission expires 9-27-44 Address Miami, Ariz.

249-
708-
475

State of Arizona, Penna } ss.
County of Somerset

Mrs Bert Minser (Name of Affiant) of Confluence (Address)

Arizona, being first duly sworn, deposes and says that he/she has knowledge of the facts hereinbefore alleged and that the said facts as stated therein are true.

(Affiant) Mrs Bert Minser

(Address) Confluence Pa.

Subscribed and sworn to before me this 15 day of Feby 1943

Notary Public S. W. Pore

My Commission expires Mon 9-43 Address Confluence Pa

Form V. S. 1