STANDARD CERTIFICATE OF DEATH

Place of Death: Final
State: ARIZONA

Name: Mattie Farp
Residence: No.

Sex: F
Race or Color: 6.
Married, Widowed, or Divorced: 5.

Date of Death: July 3, 1888

Medical Certificate of Death:
Diagnosis: Suicide by opium poisoning

Social History:

Birthplace (city or town and State or country):

Mother's Father:
Maiden Name:
Birthplace (city or town and State or country):

Informant (name and address):

Burial, Cremation, or Removal:

Undertaker (name and address):

Date:

Date of Death:

Date of Event:

Name of Operation:

What test confirmed diagnosis?

Was there an autopsy?

If death was due to external cause (violence), fill in also the following:

Date of Injury:

Manner of injury:

Nature of injury:

If so, specify:

Register:

Printed Name:

Address:

Thos. H. Kennard, M.D.

Date:

Form 8-53-11-34 MS-3096