506

MARGIN RESERVED FOR BINDING.
THIS IS A PERMANENT RECORD.
WRITE PLAINLY WITH UNFADING INK.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified.
If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information.
Incorrect certificates will be returned for correction.

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 291

County Registered No. 19

PLACE OF DEATH

County of Graham

District of

Town of Safford 170

or

City of

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.") (No. , St., Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Jessie Pearl Anglin

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death 5 yrs mos.
In Arizona 13 yrs. mos.

SEX Female

COLOR OR RACE White ~~Black~~ Mexican ~~Chinese~~ ~~Indian~~

DATE OF BIRTH April (month) 29 (day) 1887 (year)

AGE 22 years 3 months 15 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE Washington Co. Ark
(State ~~or foreign country~~)

OCCUPATION none

NAME OF FATHER H. S. Anglin

BIRTHPLACE OF FATHER Tenn.
(State ~~or foreign country~~)

MAIDEN NAME OF MOTHER C. V. West

BIRTHPLACE OF MOTHER Arkansas
(State ~~or foreign country~~)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) Brother

(Address) Globe. Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (month) 14 (day) 1909 (year)

I hereby certify, That I attended deceased from Aug. 8 1909 to Aug. 14 1909

that I last saw him alive on Aug 14 1909

and that death occurred on the date stated above at 7.30 PM

The DISEASE or INJURY causing DEATH was as follows;

Chronic Bright's disease

Where contracted Duration

Contributing cause (if any)

Where contracted Duration

(Signed) H. J. Warner M.D.

19 Address Safford A.T.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence How long at Place of Death Days

Place of burial or removal | Date of burial or removal 19

Undertaker | Address

Filed 19

Filed 9/1 1909 Law Butler Local Register. County Register.