9255

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX MAR 16 1910

Ter. Index No. 320

County Registered No. 143

PLACE OF DEATH

County of Graham

District of Safford

Town of Safford

or

City of Safford

(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 Rilla Coombs

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 20 yrs ..... mos.

In Arizona 28 yrs ..... mos.

SEX Female

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

DATE OF BIRTH ..... (month) ..... (day) ..... 19.... (year)

AGE 28 years ..... months ..... days

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

BIRTHPLACE (State or foreign country) Thatcher Ariz

OCCUPATION Housewife

NAME OF FATHER T. G. Webster

BIRTHPLACE OF FATHER (State or foreign country) U.S.

MAIDEN NAME OF MOTHER Rilla Webster

BIRTHPLACE OF MOTHER (State or foreign county) U.S.

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

Informant) .....

(Address) .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 (month) 22 (day) 1909 (year)

I hereby certify, That I attended deceased from 11/21 1909 to 11/22 1909

that I last saw her alive on 11/22 1909

and that death occurred on the date stated above at 1 a M

The DISEASE or INJURY causing DEATH was as follows;

Runaway horse

Where contracted Central Duration 12 hrs

Contributing cause (if any) Horse

Where contracted ..... Duration .....

(Signed) J. N. Stratton M.D.

..... 19.... Address .....

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 11/23 1909 Albert Collier Local Register.

Filed 3/12 1909 Lou Bruton County Register.

Incorrect certificates will be returned for correction.