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ALL 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.

Arizona Territorial Board of Health

PLACE OF DEATH
 County of Cochise
 District of _____
 Town of _____
 or
 City of Douglas
 (If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")
 FULL NAME Martha Lyall

Arizona Territorial Board of Health
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF DEATH
 Received at PHOENIX FEB 17 1910

BUREAU OF VITAL STATISTICS 9
 ORIGINAL CERTIFICATE OF DEATH
 Ter. Index No. 12
 County Registered No. 8

St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
 At Place of Death 7 yrs 6 mos.
 In Arizona 27 yrs 6 mos.

SEX Female
 COLOR OR RACE White Chinese
Black Indian
Mexican

DATE OF BIRTH May 15 183
 (month) (day) (year)

AGE 77 years 8 months _____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or foreign country) Mo

OCCUPATION Home Wife

NAME OF FATHER Josel Dame

BIRTHPLACE OF FATHER (State or foreign country) dent Penn

MAIDEN NAME OF MOTHER Millie Maffin

BIRTHPLACE OF MOTHER (State or foreign county) dent Penn

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

Informant) Douglas Mr. Joubly
 (Address) Sumner Sid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1910
 (month) (day) (year)

I hereby certify, That I attended deceased from Jan 2 - 1910 Jan 5 - 1910
 that I last saw her alive on Jan 5 - 1910

and that death occurred on the date stated above at 2 A M
 The DISEASE or INJURY causing DEATH was as follows:
syncope
arteriosclerosis

Where contracted _____ Duration _____

Contributing cause (if any) _____

Where contracted _____ Duration _____

(Signed) J. Amstrong M.D.
 19____ Address Douglas, Ariz

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 Tombston Ariz Date of burial or removal Jan 9 - 1910

Undertaker U. L. Ferguson Address Douglas

Filed Jan 8 - 1910 W. L. Greene
 Local Register.
 Filed 2/8 - 1910 A. R. Wickman
 County Registrar