

3007

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item 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
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
COUNTY OF MARICOPA
DISTRICT OF PHOENIX
TOWN
OR CITY OF PHOENIX

ORIGINAL CERTIFICATE OF DEATH, 429
TERRITORIAL INDEX NO. 429

NO. Ranwood House ST. LOCAL REGISTRAR'S NO. 1703
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mable Estinger

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR or RACE White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH May 18 1887
(Month) (Day) (Year)

AGE 25 yrs. mos. days hrs., or min. If less than 1 day

OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Kansas City

NAME OF FATHER John Dalton

BIRTHPLACE OF FATHER (State or country) Kansas

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Estinger
(Address) Phoenix Ariz.

PLACE OF BURIAL OR REMOVAL Phoenix Ariz. DATE OF BURIAL OR REMOVAL Feb 16 1912

UNDERTAKER Mohr and Russell ADDRESS Phoenix

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1912
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 1911 to Feb 13 1912; that I last saw her alive on Feb 13 1912 and that death occurred on the date stated above at 12:30 P M. The DISEASE or INJURY causing Death was as follows:

Pulmonary Tuberculosis

Several years (Duration) yrs. mos. days

Was disease contracted in Arizona? no

If not, where? Kansas

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) Wm H Sargent M. D.
Feb 16 1912 (Address) Phoenix

*In Deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death yrs. 2 mos. 4 ds. In Arizona 1 yrs. 4 mos. 4 ds.

Former or Usual Residence

Filed Feb 16 1912 Wm H Sargent Local Registrar.
Filed 3-9 1912 H. H. Hughes County Registrar.