

3043

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 obtain this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

COUNTY OF MARICOPA  
DISTRICT OF PHOENIX  
TOWN  
OR CITY OF PHOENIX

Arizona Territorial Board of Health  
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

463  
475  
TERRITORIAL INDEX NO.  
COUNTY REGISTERED NO. 143  
LOCAL REGISTRAR'S NO. 1725

NO. 2 miles North ST. LOCAL REGISTRAR'S NO. 1725  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mollie Francis Morrell

PERSONAL AND STATISTICAL PARTICULARS.

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

DATE OF BIRTH Oct 22 1910  
(Month) (Day) (Year)

AGE 18 yrs. mos. days hrs. or min. If less than 1 day

OCCUPATION (a) Trade, profession or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Arizona

NAME OF FATHER Frank Morrell

BIRTHPLACE OF FATHER (State or country) Texas

MAIDEN NAME OF MOTHER Dorcas Ply

BIRTHPLACE OF MOTHER (State or country) Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Chas Whitford  
(Address) Phoenix Ariz

PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL OR REMOVAL Febr 24 1912

UNDERTAKER Mr. D. ... ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1912  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb 16 1912 to Feb 23 1912; that I last saw him alive on Feb 22 1912 and that death occurred on the date stated above at Phoenix M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) yrs. mos. 7 days

Was disease contracted in Arizona? yes  
If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) Wm. ... M. D.  
1912 (Address)

\*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. 5 mos. 18 ds. In Arizona yrs. mos. ds.

Former or Usual Residence Filed Feb. 24 1912 Wm. ... Local Registrar.

Filed 3-9 1912 Wm. ... County Registrar.