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Arizona Territorial Board of Health
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
COUNTY Maricopa
DISTRICT No 3
TOWN OR CITY Mesa

ORIGINAL CERTIFICATE OF DEATH **134**
TERRITORIAL INDEX NO. **719**
COUNTY REGISTERED NO. **177**
ST. LOCAL REGISTRAR'S NO. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Neta Cutter

Any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificate will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS.

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

DATE OF BIRTH May 16 1907
(Month) (Day) (Year)

AGE 5 yrs 10 mos 18 days 18 hrs., or 18 min.
If less than 1 day, _____

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

BIRTHPLACE (State or country) Idaho

PARENTS

NAME OF FATHER L W Cutter
 BIRTHPLACE OF FATHER (State or country) Utah
 MAIDEN NAME OF MOTHER Nettie Oliverson
 BIRTHPLACE OF MOTHER (State or country) Idaho

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L E Cutter
 (Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL Mar 6 1912

UNDERTAKER A. J. Foster & Son ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 5th 1912
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb 28th 1912 to Mar 5th 1912; that I last saw her alive on Mar 5th 1912 and that death occurred on the date stated above at 10:30 A.M. The DISEASE or INJURY causing Death, was as follows: Meningitis following influenza with pneumonia
 (Duration) 5 1/2 days

Was disease contracted in Arizona? Yes
 If not, where? _____

CONTRIBUTORY _____
 (Duration) _____ yrs _____ mos _____ days

(Signed) J. B. Nelson M. D.
Mesa, 1912 (Address) Mesa

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

LENGTH OF RESIDENCE
 At place of death 3 yrs _____ mos _____ ds. In Arizona 3 yrs _____ mos _____ ds.
 Former or Usual Residence Idaho

Filed Mar 5 / 1912 J. E. Drang, M.D. Local Registrar
 Filed 4-10 191 H. H. Hughes County Registrar.