9909

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 235 State Index No.

ORIGINAL CERTIFICATE OF DEATH County Registered No. 61

Local Registrar's No.

PLACE OF DEATH

County Apache

District

Town St Johns

City

No. St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Lydia Hannah Wilhelm

## PERSONAL AND STATISTICAL PARTICULARS

Male

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~

PLACE OF BIRTH Oct. (Month) 4 (Day) 1848 (Year)

AGE 64 yrs. mos. 23 days. If less than 1 day, hrs., or min.

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) Utah

NAME OF FATHER Zemira Draper

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Amy Gerry

BIRTHPLACE OF MOTHER (State or county) Canada

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) Clara Gibbons

(Address) St Johns, Ariz

PLACE OF BURIAL OR REMOVAL St. Johns, Ariz.

DATE OF BURIAL OR REMOVAL Oct 29 1912

UNDERTAKER

ADDRESS

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 27 (Day) 1912 (Year)

I hereby certify, that I attended deceased from Oct. 23 1912 to Oct 27 1912; that I last saw he alive on Oct. 27 1912 and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing Death was as follows:

Cancer of Stomach

(Duration) Several yrs. mos. days.

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) D. J. Bouldin

Oct 27 1912 (Address) St Johns, Ariz

*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. mos. ds. In Arizona 34 yrs. mos. ds.

Former or Usual Residence Vernon, Ariz

Filed 191 D. J. Bouldin Local Registrar

Filed 191 M S Roberts County Registrar

Signature PERSON FILING CERTIFICATE OF DEATH must be given and medical certificate of death, though without the signature of attending physician, if such attendance, fact and time of death, address of physician or official making medical certificate; length of residence at place of death and in territory; place where disease was contracted; place of burial or removal; date of burial or removal; signature and address of undertaker; and official signatures of local and county registrars.

The medical certificate of death shall be made and signed by the physician, if any, last in attendance on the deceased. He shall state the cause of death so as to show the course of disease or sequence of causes resulting in death, giving the primary cause and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, including only symptoms of disease or conditions resulting from disease, will not be held sufficient for a