

2203

DEATH Plain terms, that it unknown. Make every effort returned for correction.

PLACE OF DEATH
County Gila
District Globe
Town Miami
Or City _____

ARIZONA STATE BOARD OF HEALTH 292 ✓

BUREAU OF VITAL STATISTICS

71 State Index No. _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 193

Local Registrar's No. _____

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Mildred Lillian Bentley

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Female</u>	Color or Race <u>White</u> Indian Black Chinese Mexican
MARRIAGE STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED	
DATE OF BIRTH <u>Aug 27 1904</u> (Month) (Day) (Year)	
AGE <u>8</u> yrs. _____ mos. _____ days _____ hrs., or _____ min.	
OCCUPATION (a) Trade, profession or particular kind of work <u>School Girl</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____	
BIRTHPLACE (State or country) <u>Newfoundland</u>	
NAME OF FATHER <u>Carl Erik Bendberg</u>	
BIRTHPLACE OF FATHER (State or country) <u>Sweden</u>	
MAIDEN NAME OF MOTHER <u>Emma Elizabeth Andersen</u>	
BIRTHPLACE OF MOTHER (State or county) <u>Michigan</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) <u>Mrs. Bendberg</u> (Address) <u>Miami</u>	
PLACE OF BURIAL OR REMOVAL <u>Globe</u>	DATE OF BURIAL OR REMOVAL <u>Nov 7 1912</u>
UNDERTAKER <u>L. Jones</u>	ADDRESS <u>Globe</u>

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Nov 7 1912</u> (Month) (Day) (Year)
I hereby certify, that I attended deceased from <u>Nov 5</u> 1912 to <u>Nov 7</u> 1912; that I last saw her alive on <u>Nov 6</u> 1912; and that death occurred on the date stated above at <u>L.F.M.</u> The DISEASE or INJURY causing death was as follows: <u>Diphtheria (Charyngal)</u>
(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? <u>yes</u>
If not, where? _____
CONTRIBUTORY <u>Muscle</u> (Duration) _____ yrs. _____ mos. _____ days
(Signed) <u>W.E. McWhitt</u> <u>Nov 9 1912</u> (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. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence _____
Filed <u>Nov 7 1912</u> <u>B.S. Gray</u> Local Registrar
Filed <u>Nov 5 1912</u> <u>B.S. Gray</u> County Registrar