8156

WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified.
If any item can 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

326

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 362

COUNTY REGISTERED NO. 11

LOCAL REGISTRAR'S NO.

PLACE OF DEATH

COUNTY Pinal

DISTRICT

TOWN OR CITY Florence NO. Pinal Co. Hospital. ST.

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

FULL NAME Mary Isabel Collins

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR or RACE: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

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

DATE OF BIRTH: Dec. (Month) 22 (Day) 1862 (Year)

AGE: 50 yrs. 1 mos. 7 days | If less than 1 day, hrs., or min.

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

BIRTHPLACE (State or country): Terre Haute, Indiana.

PARENTS
NAME OF FATHER: George D. Jordan.
BIRTHPLACE OF FATHER (State or country): Indiana
MAIDEN NAME OF MOTHER: Helen Genther
BIRTHPLACE OF MOTHER (State or country): Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Collins

(Address) Florence, Arizona

PLACE OF BURIAL OR REMOVAL: Florence

DATE OF BURIAL OR REMOVAL: Jan. 31st 1913

UNDERTAKER: D. O. Martin

ADDRESS: Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month), 29 (Day) 1913 (Year)

I hereby certify, that I attended deceased from Jan 25 1913 to Jan 29 1913, that I last saw her alive on Jan 29 1913 and that death occurred on the date stated above at 8 P M. The DISEASE or INJURY causing Death was as follows:

Pneumonia

(Duration) yrs. mos. 6 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) [signature] M.D.

1/29 1913 (Address) Florence 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 4 yrs. 11 mos. 29 ds. In Arizona 11 yrs. ? mos. ? ds.

Former or Usual Residence Roswell, New Mexico

Filed Feb 1 1913 [signature] Local Registrar

Filed Feb. 5 1913 [signature] County Registrar.