

WRITE PROMPTLY, 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 word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH  
County Graham  
District Pima  
Town Pima  
Or City Pima

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH  
State Index No. 247  
County Registered No. 19  
Local Registrar's No. 6

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

FULL NAME Mary Mahala Prochaska

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	Color or Race White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	<del>SINGLE</del> <del>MARRIED</del> <del>WIDOWED</del> <del>DIVORCED</del>
DATE OF BIRTH <u>June 16 1845</u> (Month) (Day) (Year)	AGE <u>67 yrs 9 mos 20 days</u> If less than 1 day, _____ hrs., or _____ min.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		
BIRTHPLACE (State or country) <u>Illinois Ill</u>		
PARENTS		
NAME OF FATHER <u>Calvin Reed</u>		
BIRTHPLACE OF FATHER (State or country) <u>Illinois Ill</u>		
MAIDEN NAME OF MOTHER <u>Mary Curtis</u>		
BIRTHPLACE OF MOTHER (State or country) <u>Connialoo Penn</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Theresa K. Prochaska</u> (Address) _____		
PLACE OF BURIAL OR REMOVAL <u>Pima</u>	DATE OF BURIAL OR REMOVAL <u>March 7<sup>th</sup> 1913</u>	
UNDERTAKER	ADDRESS	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>March 4<sup>th</sup> 1913</u> (Month) (Day) (Year)
I hereby certify, that I attended deceased from <u>Jan 2<sup>nd</sup> 1913</u> to <u>March 4<sup>th</sup> 1913</u> ; that I last saw <u>her</u> alive on <u>March 1<sup>st</sup> 1913</u> , and that death occurred on the date stated above at <u>69</u> M. The DISEASE or INJURY causing Death was as follows: <u>Cerebrosis of the Liver</u>
(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? <u>Yes</u> If not where? _____
CONTRIBUTORY <u>Malaria contracted probably</u> <u>do years ago</u> (Duration) _____ yrs. _____ mos. _____ days
(Signed) <u>R. C. Dwyer M.D.</u> <u>April 1 1913</u> (Address) <u>Pima</u>
*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>April 5 1913</u> <u>37 mos R. C. Dwyer</u> Local Registrar Filed <u>April 9 1913</u> <u>R. C. Dwyer</u> County Registrar