

729

WRITE PAINTLY, 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 Yuma  
District Yuma  
Town  
Or City Yuma

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 358 State Index No. 967  
ORIGINAL CERTIFICATE OF DEATH County Registered No. 42  
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 Anna Thelma Halladay

PERSONAL AND STATISTICAL PARTICULARS

|   |   |  |
|---|---|--|
| SEX<br><u>Female</u>  | Color or Race<br>White <u>Indian</u><br><del>Black</del> <del>Chinese</del><br><del>Mexican</del> | <del>SINGLE</del><br>MARRIED<br><del>WIDOWED</del><br><del>OR DIVORCED</del> |
| DATE OF BIRTH<br><u>Sept</u> <u>10<sup>th</sup></u> <u>1893</u><br>(Month) (Day) (Year)   |   |  |
| AGE<br><u>29</u> yrs... <u>6</u> mos... <u>16</u> days<br>If less than 1 day, ... hrs., or ... min.   |   |  |
| OCCUPATION<br>(a) Trade, profession or particular kind of work <u>Housewife</u><br>(b) General nature of industry, business, or establishment in which employed or (employer) |   |  |
| BIRTHPLACE<br>(State or country) <u>Ohio</u>  |   |  |
| PARENTS   |   |  |
| NAME OF FATHER <u>Joseph Ray Brown</u>  |   |  |
| BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>  |   |  |
| MAIDEN NAME OF MOTHER <u>Nancy Eley</u>   |   |  |
| BIRTHPLACE OF MOTHER (State or county) <u>Ohio</u>  |   |  |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   |   |  |
| (Informant) <u>Elizabeth D. Spittler</u>  |   |  |
| (Address) <u>Yuma, Arizona</u>  |   |  |
| PLACE OF BURIAL OR REMOVAL<br><u>Santa Cruz</u>   | DATE OF BURIAL OR REMOVAL<br><u>Mar. 27<sup>th</sup></u> 191 <u>3</u>                             |  |
| UNDERTAKER <u>Cal.</u>  | ADDRESS<br>—  |  |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 26<sup>th</sup> 1913  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from July 30<sup>th</sup> 1913 to Mar. 26<sup>th</sup> 1913; that I last saw her alive on Mar. 26<sup>th</sup> 1913 and that death occurred on the date stated above at 9 P.M. The DISEASE or INJURY causing Death was as follows:  
Uraemia  
Periperal  
(Duration) ... yrs. ... mos. ... days

Was disease contracted in Arizona? Yes

If not, where? Interstate Republics

CONTRIBUTORY (Duration) ... yrs. ... mos. ... days  
None

(Signed) Heure G. Jones  
Apr. 14<sup>th</sup> 1913 (Address) Yuma 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 ... yrs. ... mos. ... ds.  
Former or Usual Residence .....

Filed Apr 14 1913 P.M. Photo  
Local Registrar  
Filed 4/15 1913 E.B. Ketchum  
County Registrar