1915

AGE should be given 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 Gila

District Globe

Town

Or City Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

122 State Index No. 750

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 147

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 M. Barron

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

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

DATE OF BIRTH March 1st [redacted] 61 (Month) (Day) (Year)

AGE 52 yrs. ..... mos. ..... days | If less than 1 day, ... hrs., or ..... min.

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

BIRTHPLACE (State or country) Wisconsin

PARENTS

NAME OF FATHER Mr. Gothard [redacted]

BIRTHPLACE OF FATHER (State or country) N.Y.

MAIDEN NAME OF MOTHER Roxand Perelz

BIRTHPLACE OF MOTHER (State or county) N.Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. Barron

(Address) Miami Ariz.

PLACE OF BURIAL OR REMOVAL Globe Ariz

DATE OF BURIAL OR REMOVAL June 4 1913

UNDERTAKER J. S. Miller

ADDRESS Globe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1913 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Apr. 1-13 1913 to June - 2 1913; that I last saw h. alive on June - 2 1913 and that death occurred on the date stated above at 2 P.M. The DISEASE or INJURY causing Death was as follows:

Pulmonary Tuberculosis

(Duration) 10 yrs. ..... mos. ..... days

Was disease contracted in Arizona? No

If not, where? Michigan

CONTRIBUTORY .....

(Duration ..... yrs. ..... mos. ..... days

(Signed) T. H. Slaughter M.D.

6/2/1913 (Address) Miami 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 June 4 1913 B. G. Fay
Local Registrar

Filed July 5 1913 B. G. Fay
County Registrar