

2273

may be proper 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 Greenlee  
District \_\_\_\_\_  
Town Morenci  
Or City \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH 922

BUREAU OF VITAL STATISTICS 166

State Index No. 263  
County Registered No. 172  
Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Esther Leah Kerby

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race \_\_\_\_\_  
SINGLE MARRIED WIDOWED or DIVORCED \_\_\_\_\_  
White Indian Black Chinese Mexican

DATE OF BIRTH Aug 18 1913  
(Month) (Day) (Year)

AGE 9 yrs. 9 mos. 9 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 Morenci  
(State or county)

NAME OF FATHER Thomas W. Kerby

BIRTHPLACE OF FATHER Utah  
(State or county)

MAIDEN NAME OF MOTHER Mary C. Dillman

BIRTHPLACE OF MOTHER Mexico  
(State or county)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Pinia DATE OF BURIAL OR REMOVAL Aug 23 1913

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1913  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug 21 1913; that I last saw her alive on Aug 21 1913 and that death occurred on the date stated above at 4 P.M. The DISEASE or INJURY causing Death was as follows: Pneumonia  
birth: 2 years  
menstruation  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 days

Was disease contracted in Arizona? yes  
If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) H. Stanton  
8-21 1913 (Address) Morenci

\*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 \_\_\_\_\_

By D. M. Meagher 1913  
Local Registrar

Filed 9/20 1913 L. A. Burket