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ARIZONA STATE BOARD OF HEALTH

71

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No.....

County Registered No. 248

Local Registrar's No.....

Make every effort ... for correction.

may be properly classified. If any item can not be obtained insert word "unknown." ... possible to secure this information. Incorrect certificates will be returned

PLACE OF DEATH

County Gila

District Globe

Town Or City Globe

No. 325 South First St.

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

FULL NAME Ilda Hawes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: [White] Indian, [Black] Chinese, Mexican

[SINGLE] MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: May (Month) 7 (Day) 1914 (Year)

AGE: ....yrs. 18 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): Globe

PARENTS

NAME OF FATHER: J. M. Hawes.

BIRTHPLACE OF FATHER (State or country): Utah

MAIDEN NAME OF MOTHER: Viola Cluff.

BIRTHPLACE OF MOTHER (State or county): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): J. M. Hawes

(Address): Globe, Arizona

PLACE OF BURIAL OR REMOVAL: Central, Arizona

DATE OF BURIAL OR REMOVAL: Oct 7th 1913

UNDERTAKER: D. L. Jones & Son

ADDRESS: Globe Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 7th (Day) 1913 (Year)

I hereby certify, that I attended deceased from Oct 1 1913 to Oct 7 1913; that I last saw he alive on Oct 4 1913 and that death occurred on the date stated above at 1 a.m. The DISEASE or INJURY causing Death was as follows: Acute Colitis

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

Was disease contracted in Arizona? yes

If not, where? ....

CONTRIBUTORY ....

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

(Signed) S. E. Washburn

10/7 1913 (Address) Globe

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 1 yr. ....mos. ....ds. In Arizona ....yrs. ....mos. ....ds.

Former or Usual Residence ....

Filed Oct 7 1913 B. G. Fox
Local Registrar

Filed Nov 5 1913 B. G. Fox
County Registrar