330

PLACE OF DEATH

County Cochise

District

Town Or City Benson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

35 State Index No. 286

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 702

Local Registrar's No.

No. St.

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

FULL NAME Florette M. Sabin

PERSONAL AND STATISTICAL PARTICULARS

SEX F

Color or Race: White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Nov 24 1913 (Month) (Day) (Year)

AGE 33 yrs. 1 mos. 17 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) Utah

PARENTS

NAME OF FATHER P. P. Sabin

BIRTHPLACE OF FATHER (State or country) Peru

MAIDEN NAME OF MOTHER Sabin

BIRTHPLACE OF MOTHER (State or country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Sabin

(Address) Benson

PLACE OF BURIAL OR REMOVAL St Mary'd

DATE OF BURIAL OR REMOVAL Nov 26 1913

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24 1913 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov. 22nd 1913 to Nov. 24 1913; that I last saw her alive on Nov. 24 1913, and that death occurred on the date stated above at 2 P.M. The DISEASE or INJURY causing Death was as follows: Chronic Interstitial Nephritis

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(Duration) 5 yrs. mos. days

Was disease contracted in Arizona? Yes

If not, where

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) J. H. Morrison M.D.

Nov. 26 1913 (Address) Benson

*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 4 mos. ds. In Arizona 2 yrs. mos. ds.

Former or Usual Residence

Filed Nov 26 1913 W. Shelhamer Local Registrar

Filed 1/13 1914 L. L. Minor County Registrar

AGE, July 1st 1909 or later. PHYSICIANS: July state CAUSE OF DEATH. If any item can not be obtained insert word "unknown." It may be proper to secure this information. Incorrect certificates will be returned for correction.