

2420

AG 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 Cochise
District _____
Town Bisbee
Or City Bisbee

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 307

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 434
Local Registrar's No. _____

No. Brewery Ave St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Rita Reese

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH		
DATE OF BIRTH	AGE	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)	I hereby certify, that I attended deceased from _____ 191_____ to _____ 191_____; that I last saw h. _____ alive on _____ 191_____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Medial of Juv. Carbolic acid taken by her own hands with suicidal intent</u>		
BIRTHPLACE (State or country)	NAME OF FATHER	BIRTHPLACE OF FATHER (State or country)	Was disease contracted in Arizona? <u>350</u> If not, where? _____ CONTRIBUTORY _____ (Duration) _____ yrs _____ mos _____ days		
MAIDEN NAME OF MOTHER	BIRTHPLACE OF MOTHER (State or country)	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Helene Blanchard</u> (Address) _____	(Signed) <u>Walter Thomas</u> <u>8/17</u> 191 <u>4</u> (Address) <u>Coolidge</u> *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 _____		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	UNDERTAKER	Filed <u>Oct 11</u> 191 <u>4</u> <u>R. E. Henderson</u> Local Registrar Filed <u>Oct 14</u> 191 <u>4</u> <u>C. H. Hunt</u> County Registrar		
	ADDRESS				