8149

FILL OUT ALL BLANKS.

AGE 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 Pinal

District None

Town Or City Florence

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 225

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 100

Local Registrar's No.

No. ..... St.

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

FULL NAME Baby Morehouse

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

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

DATE OF BIRTH: Oct (Month) 11 (Day) 1914 (Year)

AGE: ✓ 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) Florence Ariz

PARENTS

NAME OF FATHER: R H Morehouse

BIRTHPLACE OF FATHER (State or country) Missouri

MAIDEN NAME OF MOTHER: Vashti Blair

BIRTHPLACE OF MOTHER (State or country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lina Blair

(Address) Florence Ariz

PLACE OF BURIAL OR REMOVAL: Florence Cem.

DATE OF BURIAL OR REMOVAL: Oct 11 1914

UNDERTAKER: D O Martin

ADDRESS: Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 11 (Day) 1914 (Year)

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:

Still born

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

Was disease contracted in Arizona? ✓

If not, where?

CONTRIBUTORY

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

(Signed) Geo F Hoffman

Oct 11 1914 (Address) Florence 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 Oct 11 1914 [signature] Local Registrar

Filed Dec 1 1914 Geo F Hoffman County Registrar