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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 575

County Registered No. 10

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District

Town Or City Don Luis

No. St.

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

FULL NAME Marble Marvel Helen Fleming

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

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

DATE OF BIRTH May 16 1914 (Month) (Day) (Year)

AGE yrs. 7 mos. 2 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) Arizona

PARENTS

NAME OF FATHER Ed Fleming

BIRTHPLACE OF FATHER State or country) New Mexico

MAIDEN NAME OF MOTHER Marvel Short

BIRTHPLACE OF MOTHER State or country) Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. G. DeFriest

(Address) Don Luis Arizona

PLACE OF BURIAL ~~OR~~ REMOVAL Bisbee

DATE OF BURIAL OR REMOVAL Dec. 20 1914

UNDERTAKER W. G. Hubbard

ADDRESS Bisbee

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1914 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 18 1914 to Dec 18 1914; that I last saw her alive on Dec. 18 1914, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing Death was as follows: Acute enteritis

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(Duration) yrs. mos. 3 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) J. M. Leonard

Dec 20 1914 (Address) Box 1177 - Bisbee

*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 Feb 10 1915 R. E. Henderson Local Registrar

Filed [illegible] 1915 [illegible] County Registrar

ALL OUT ALL BLANKS. 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.