003

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 Maricopa

District Phoenix

Town Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 193

ORIGINAL CERTIFICATE OF DEATH

County Registered No.

Local Registrar's No. 3790

No. 1¼ miles S.E. on S. 7th St.

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

FULL NAME Mrs Rebecca Lovell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

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

DATE OF BIRTH: Jan. (Month) 3rd (Day) 1841 (Year)

AGE: 74 yrs. 0 mos. 25 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Delaware

PARENTS

NAME OF FATHER: Levi Chipman

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Cook

BIRTHPLACE OF MOTHER (State or country): Delaware

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Albert F. Miller

(Address) 1¼ Miles S.E. of City on S. 7th St.

PLACE OF BURIAL OR REMOVAL: Greenwood

DATE OF BURIAL ~~OR REMOVAL~~: Jan 30th 1915

UNDERTAKER: Molloy, Driscoll & Maus

ADDRESS: 311 N. 1st Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 28th (Day) 1915 (Year)

I hereby certify, that I attended deceased from Jan 27th 1915 to Jan 28th 1915; that I last saw her alive on Jan 28th 1915, and that death occurred on the date stated above at 6.40 A.M. The DISEASE or INJURY causing Death was as follows: Shock — from Cholelithiasis

(Duration) ..... yrs. ..... mos. 1 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Senility, Arteriosclerosis

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

(Signed) Charles H. Gourant

Jan. 28th 1915 (Address) Goodrich Bldg.

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

LENGTH OF RESIDENCE

At place of death 5 yrs. - mos. - ds. In Arizona 5 yrs. - mos. - ds.

Former or Usual Residence New Mexico

Filed JAN 30 1915 Edward S. Goffey Jr. Local Registrar

Filed 2/9 1915 A. B. Nicholl County Registrar