

1489

301

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County ARIZONA  
District \_\_\_\_\_  
Town \_\_\_\_\_  
Or City \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 8

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 96

Local Registrar's No. 13

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

FULL NAME Hazel Ray

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~

DATE OF DEATH April 14 1955  
(Month) (Day) (Year)

DATE OF BIRTH \_\_\_\_\_ 1903  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from \_\_\_\_\_

AGE About 12 yrs. mos. days hrs., or min. If less than 1 day \_\_\_\_\_

191\_\_\_\_\_ to 191\_\_\_\_\_; that I last saw h\_\_\_\_\_ alive

OCCUPATION (a) Trade, profession or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

on \_\_\_\_\_ and that death occurred on the date stated above at \_\_\_\_\_ M. The DISEASE or INJURY causing

BIRTHPLACE (State or country) Colo.

Death was as follows: Accidental

NAME OF FATHER Perse Ray

(Duration) \_\_\_\_\_ yrs. mos. days

BIRTHPLACE OF FATHER (State or country) D.K.

Was disease contracted in Arizona? No

MAIDEN NAME OF MOTHER Viola Ray

If not, where? \_\_\_\_\_

BIRTHPLACE OF MOTHER (State or country) D.K.

CONTRIBUTORY (Duration) \_\_\_\_\_ yrs. mos. days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signed) \_\_\_\_\_

(Informant) \_\_\_\_\_

191\_\_\_\_\_ (Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL not found DATE OF BURIAL OR REMOVAL \_\_\_\_\_

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

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

LENGTH OF RESIDENCE At place of death \_\_\_\_\_ yrs. mos. ds. In Arizona \_\_\_\_\_ yrs. mos. ds.

Former or Usual Residence \_\_\_\_\_

Filed 5/5, 1955 Walter Jensen Local Registrar  
Filed May 27 1955 J. P. Sullivan County Registrar

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it 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.