

1542

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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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 61

County Gila

District Globe

Town Globe

Or City Globe

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 59

Local Registrar's No. _____

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

FULL NAME Agnes Thompson Anderson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female Color or Race White SINGLE MARRIED
Black Indian WIDOWED
Chinese or DIVORCED
Mexican

DATE OF DEATH April 24 1915
(Month) (Day) (Year)

DATE OF BIRTH Unknown 1915
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 3/19 1915 to 4/23/ 1915; that I last saw h. alive on 4/23/ 1915, and that death occurred on the date stated above at 2 - A.M. The DISEASE or INJURY causing

AGE 73 yrs - mos - days If less than 1 day _____
hrs., or min.

Death was as follows: _____

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

Carcinoma
(Duration) 1 yrs. 0 mos. 0 days

BIRTHPLACE (State or country) Scotland

Was disease contracted in Arizona? no
If not, where? unknown

NAME OF FATHER James Thompson

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE OF FATHER (State or country) Scotland

(Signed) T.H. Slaughter
4/27/ 1915 (Address) Miami Ariz

MAIDEN NAME OF MOTHER Mary Faulds

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

BIRTHPLACE OF MOTHER (State or country) Scotland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.B. Anderson
(Address) Miami

At place of death 2 yrs. 0 mos. 0 ds. In Arizona 6 yrs. 0 mos. 0 ds.
Former or Usual Residence Los Angeles Cal

PLACE OF BURIAL OR REMOVAL Globe DATE OF BURIAL OR REMOVAL April 24 1915

Filed Apr 24 1915 B.G. Fox
Local Registrar

UNDERTAKER A.D. Johnston ADDRESS Globe

Filed May 5 1915 B.G. Fox
County Registrar