

1625

436

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 141

District \_\_\_\_\_

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 462

Town \_\_\_\_\_

Local Registrar's No. 3956

Or City Phoenix

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

FULL NAME Delle Hixson.

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>female</u>	Color or Race White Indian Black Chinese Mexican	SINGLEWidowed MARRIED WIDOWEWhite or DIVORCED
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DATE OF DEATH  
April 22nd. 1915. 191  
(Month) (Day) (Year)

DATE OF BIRTH  
\_\_\_\_\_ 191  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 7<sup>th</sup> 1915 to April 22 1915; that I last saw her alive on April 22 1915, and that death occurred on the date stated above at 4 P M. The DISEASE or INJURY causing death was as follows: Carcinoma of the Urinary bladder

AGE  
48 yrs.     mos.     days | If less than 1 day  
hrs., or     min.

(Duration) 1 yrs. 6 mos.     days

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

Was disease contracted in Arizona? Yes  
If not, where? \_\_\_\_\_

BIRTHPLACE (State or country) Tennessee  
Don't know

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

PARENTS  
NAME OF FATHER " "

(Signed) Dr. L. G. Shell  
4-24-15 Phoenix, Arizona.

BIRTHPLACE OF FATHER " "

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

MAIDEN NAME OF MOTHER " "

At place of death     yrs. 6 mos. 6 ds. In Arizona 3 yrs.     mos.     ds.

BIRTHPLACE OF MOTHER (State or country) " "

Former or Usual Residence California.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

Filed APR 24 1915  
Edward S. [Signature]  
Local Registrar

PLACE OF BURIAL OR REMOVAL Forest Lawn Cemetery DATE OF BURIAL OR REMOVAL 4-24-15 1915

Filed 5-8 1915  
A. B. Nichols  
County Registrar

UNDERTAKER J. T. Whitney, Phoenix, Arizona