

1719

530

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~278~~

PLACE OF DEATH  
County Yavapai  
District Humboldt  
Town Humboldt  
Or City Humboldt

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 66

Local Registrar's No. ....

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

FULL NAME Miss Katie Buchanan

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White SINGLE Single  
MARRIED  
WIDOWED  
or DIVORCED

DATE OF BIRTH 18  
1915  
(Month) (Day) (Year)

AGE 47 yrs. — mos. — days  
If less than 1 day..... hrs., or..... min.

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

BIRTHPLACE (State or country) Arkansas

NAME OF FATHER Wm. W. Buchanan

BIRTHPLACE OF FATHER (State or country) Arkansas

MAIDEN NAME OF MOTHER Mary E. Brown

BIRTHPLACE OF MOTHER (State or country) Arkansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....  
(Address).....

PLACE OF BURIAL OR REMOVAL Prescott DATE OF BURIAL OR REMOVAL April 11 1915

UNDERTAKER Walter J. J. J. J. ADDRESS Prescott, Ariz.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1915  
(Month) (Day) (Year)

I hereby certify that I attended deceased from Mar 2 1915 to Mar 10 1915; that I last saw her alive on Mar 10 1915, and that death occurred on the date stated above at 7:10 A.M. The DISEASE or INJURY causing Death was as follows: Appendicitis

(Duration) 3 yrs. — mos. — days  
Was disease contracted in Arizona? Yes  
If not, where?.....

CONTRIBUTORY Acetonaemia haemolytica  
(Duration) — yrs. — mos. 14 days  
(Signed) Clas Shivanoff, M.D.  
Mar 10 1915 (Address) Humboldt Ariz.

\*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. 1 mos. 30 ds. In Arizona..... yrs. — mos. — ds.  
Former or Usual Residence.....

Filed Mar 10 1915 Clas Shivanoff, M.D.  
Local Registrar

Filed 5/20 1915 John W. Luer  
County Registrar

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.