

2453

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

138

County Cochise

BUREAU OF VITAL STATISTICS

State Index No.

District

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 258

Town

Local Registrar's No.

Or City Benson

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

FULL NAME Sarah Elizabeth Jones

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH July 27 1915 (Month) (Day) (Year)

DATE OF BIRTH Feb. 16 1877 (Month) (Day) (Year)

I hereby certify, that I attended deceased from March 15 1915 to July 27 1915; that I last saw her alive on July 27 1915, and that death occurred on the date stated above at 6:40 A.M. The DISEASE or INJURY causing

AGE 38 yrs. 5 mos. 10 days If less than 1 day hrs., or min.

Death was as follows: Tuberculosis (Duration) 5 yrs. 0 mos. 0 days

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

Was disease contracted in Arizona? No If not, where? Missouri

BIRTHPLACE (State or country) Osage Co. Mo

CONTRIBUTORY Nothing (Duration) yrs. mos. days

NAME OF FATHER Robert Holliday

(Signed) E. B. Thompson July 27 1915 (Address) Benson Ariz.

BIRTHPLACE OF FATHER (State or country) Osage Co. Mo

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

MAIDEN NAME OF MOTHER Sarah Elizabeth Huckstep

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

BIRTHPLACE OF MOTHER (State or country) Mo.

Former or Usual Residence Filed July 27 1915

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. F. Jones

Local Registrar Aug 2 1915 D. B. Patton County Registrar

(Address) Linn Mo.

PLACE OF BURIAL OR REMOVAL Benson Mo DATE OF BURIAL OR REMOVAL 19

UNDERTAKER L. S. ... ADDRESS