421

413

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 179

County Registered No. 39

Local Registrar's No. 2

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

County Navajo

District Taylor

Town "

Or City

No. St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Ada Mollisar Babs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

Color or Race White Indian Black Chinese Mexican

~~SINGLE~~ MARRIED ~~WIDOWED or DIVORCED~~

DATE OF BIRTH Feb (Month) 4 (Day) 1894 (Year)

AGE 21 yrs. 8 mos. 28 days | If less than 1 day, hrs., or min.

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

BIRTHPLACE (State or country) Taylor Navajo Co Ariz

PARENTS

NAME OF FATHER Hyrum Alonzo Willis

BIRTHPLACE OF FATHER (State or country) Toquerville Utah

MAIDEN NAME OF MOTHER Lola May Pearce

BIRTHPLACE OF MOTHER (State or county) St George Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. W. Babs

(Address) Taylor Ariz

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL 19

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 1st (Day) 1915 (Year)

I hereby certify, that I attended deceased from Sept 22 1915 to Oct 1st 1915; that I last saw her alive on Oct 1st 1915 and that death occurred on the date stated above at 2:30 AM. The DISEASE or INJURY causing Death was as follows: Relapse from Child birth,

(Duration) 00 yrs. 00 mos. 9 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) Mary J Pearce Nurce

1915 (Address) Taylor Arizona

*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....mos....ds. In Arizona....yrs....mos....ds.

Former or Usual Residence

Filed Oct 4 1915 E. T. Hatch Local Registrar

Filed 10-26 1915 J. M. Bozell County Registrar