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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 332

County Registered No. 178

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gila

District

Town Or City Globe

No. 769 Ash St.

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

FULL NAME Daisy Dean Lewis

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

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Nov (Month) 1 (Day) 191 (Year)

AGE: 33 yrs. — mos. — days. If less than 1 day ... hrs., or ... min.

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

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: David Devore

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Ada Price

BIRTHPLACE OF MOTHER (State or country): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. B. Lewis

(Address) Globe

PLACE OF BURIAL ~~OR REMOVAL~~: Globe

DATE OF BURIAL ~~OR REMOVAL~~: Nov 27 1915

UNDERTAKER: F. L. Jones Son

ADDRESS: Globe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 24 (Day) 1915 (Year)

I hereby certify, that I attended deceased from Nov 22 1915 to Nov 24 1915; that I last saw her alive on Nov 24 1915, and that death occurred on the date stated above at 11 P M. The DISEASE or INJURY causing death was as follows: Pneumonia

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

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY: Ya Grippe

(Duration) ... yrs. ... mos. ... days 4

(Signed) G. E. Wyllmann

11/29 1915 (Address) Globe 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 33 yrs. ... mos. ... ds. In Arizona 33 yrs. ... mos. ... ds.

Former or Usual Residence

Filed Nov 27 1915 B. G. Fox Local Registrar

Filed Dec 4 1915 B. G. Fox County Registrar