605

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~950~~ 89

County Registered No. 43

Local Registrar's No. 3

PLACE OF DEATH

County Graham

District Pima

Town

~~Or City~~ Pima

No. ....., ... St.

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

FULL NAME Leah P. Kirby.

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

SEX

Color ~~or Race~~ White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH June (Month) 18 (Day) 1857 (Year) 191..

AGE 58 yrs. 4 mos. 17 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) Cam Co. State Utah.

PARENTS

NAME OF FATHER Thomas Washington Smith

BIRTHPLACE OF FATHER (State or country) Alabama.

MAIDEN NAME OF MOTHER Sarah Ann Boren.

BIRTHPLACE OF MOTHER (State or county) Alabama.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adelbert Holladay, Coroner

(Address) Pima Ariz.

PLACE OF BURIAL OR REMOVAL Pima Ariz

DATE OF BURIAL OR REMOVAL Nov. 12 1915

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 9 (Day) 1915 (Year)

I hereby certify, that I ~~attended~~ viewed deceased ~~from~~ as coroners inquest 191.. to Nov. 10 1915; that I last saw him alive on Court Sequence and that death occurred on the date stated above at ..... M. The ~~DISEASE~~ or INJURY causing Death was as follows: Gun shot wound inflicted by her son (Confession)

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

..... (Duration ..... yrs. ..... mos. ..... days.

(Signed) R. C. Hayden M.D.

..... 191.. (Address) Pima 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. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed Dec. 9th 1915 191.. Mrs. R. C. Hayden
Local Registrar

Filed Dec. 10 1915 Geo. S. Martin
County Registrar