

9049

530

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Mohave

BUREAU OF VITAL STATISTICS

State Index No. 889a

District _____
Town Goedroad
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 29

Local Registrar's No. _____

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

FULL NAME Eliza Azbill

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female Color or Race White Indian SINGLE MARRIED WIDOWED OR DIVORCED

DATE OF DEATH Dec. 6 1915
(Month) (Day) (Year)

DATE OF BIRTH unknown 191
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 6th 1915 to Dec 6th 1915; that I last saw her alive on Dec 6th 1915, and that death occurred on the date stated above at 11:40 P.M. The DISEASE or INJURY causing

AGE 40 yrs. — mos. — days hrs., or min. If less than 1 day _____

Death was as follows: accidental - falling over unbalanced

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) Kansas

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

NAME OF FATHER unknown

Was disease contracted in Arizona? —

BIRTHPLACE OF FATHER (State or country) unknown

If not, where? _____

MAIDEN NAME OF MOTHER unknown

CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days _____

BIRTHPLACE OF MOTHER (State or country) unknown

(Signed) Wm N. Carter, M.D. Dec. 7th 1915 (Address) Goedroad Ave

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) H. S. Ozler

LENGTH OF RESIDENCE At place of death _____ yrs. / _____ mos. _____ ds. In Arizona 20 yrs. _____ mos. _____ ds.

(Address) _____

Former or Usual Residence Kansas

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL _____ 19—

Filed 6/6 1915 Archie W. Darden Local Registrar

UNDERTAKER ADDRESS _____

Filed 6/10 1915 Wm N. Carter County Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.

THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar.