2125

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 the word "unknown." Make every effort possible to secure this information
Incorrect certificates will be returned for correction.

Form 8 8-09-5m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 13 404

County Registered No. 1

PLACE OF DEATH

County of Coconino

District of Williams

Town of " "

or

City of " "

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.") (No. ....., ... St., ... Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Henrietta Buggeln

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death 16 yrs 0 mos.
In Arizona 16 yrs 0 mos.

SEX Female

COLOR OR RACE ✓ White — Chinese; Black; Indian; Mexican

DATE OF BIRTH March (month) 21 (day) 1838 (year)

AGE 78 years ✓ months ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or foreign country) Germany

OCCUPATION Home keeper

NAME OF FATHER Wm Oriick

BIRTHPLACE OF FATHER (State or foreign country) Germany

MAIDEN NAME OF MOTHER don't know

BIRTHPLACE OF MOTHER (State or foreign county) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant P. A. Melick

(Address) Williams A.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (month) 19th (day) 1916 (year)

I hereby certify, That I attended deceased from Jan 1st 19.. to Feb. 19 1916 that I last saw her alive on Feb. 18th 1916 and that death occurred on the date stated above at 4 A.M

The DISEASE or INJURY causing DEATH was as follows:

A Apoplexy

Where contracted Arizona Duration few days

Contributing cause (if any) old age

Where contracted ..... Duration .....

(Signed) P. A. Melick M.D.

2/29 1916 Address Williams Ariz

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence ..... How long at Place of Death ..... Days

Place of burial or removal K of P Cemetery

Date of burial or removal Feb 20 1916

Undertaker J. L. Butler

Address Williams ariz

Filed Feb 21 1916 J. L. Butler Local Register.

A TRUE COPY.

Mar 4 1916 Thos H Fleming County Register.

Mrs Conn expires Nov 20-1919