

2477

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PLACE OF DEATH  
 County Yavapai  
 District Humboldt  
 Town Humboldt  
 Or City Humboldt

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF DEATH

State Index No. 743  
 County Registered No. 49  
 Local Registrar's No. \_\_\_\_\_

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

FULL NAME Mrs. Delina Ashby

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White Indian</u> <del>Black Chinese Mexican</del>	<del>SINGLE</del> <del>MARRIED</del> <del>WIDOWED</del> <del>OR DIVORCED</del>	DATE OF DEATH <u>March 9, 1916</u> 191 <u>6</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb. 17, 1831</u> 191 <u>1</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Mar 9</u> 191 <u>6</u> to <u>Mar 9</u> 191 <u>6</u> ; that I last saw her alive on <u>Mar 9</u> 191 <u>6</u> , and that death occurred on the date stated above at <u>3 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Carcinoma of the face</u>	
AGE <u>85</u> yrs. <u>---</u> mos. <u>---</u> days hrs., or <u>---</u> min.			(Duration) <u>6</u> yrs. <u>---</u> mos. <u>---</u> days	
OCCUPATION (a) Trade, profession or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>no</u> If not, where? <u>New Mexico</u>	
BIRTHPLACE (State or country) <u>Illinois</u>			CONTRIBUTORY (Duration) <u>---</u> yrs. <u>---</u> mos. <u>---</u> days (Signed) <u>John W. Flinn</u> <u>Mar. 10, 1916</u> . (Address) <u>Prescott, Ariz.</u>	
PARENTS	NAME OF FATHER <u>Wm. Fleetwood</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>England</u>			
	MAIDEN NAME OF MOTHER <u>Ashby</u>			
	BIRTHPLACE OF MOTHER (State or Country) <u>Virginia</u>			
The Above Is True to the Best of My Knowledge (Informant) <u>Mrs. F. L. Bell</u> (Address) <u>Humboldt, Ariz.</u>				
PLACE OF BURIAL OR REMOVAL <u>Mt. View Cemetery</u>			LENGTH OF RESIDENCE At place of death <u>2</u> yrs. <u>---</u> mos. <u>---</u> ds. In Arizona <u>2</u> yrs. <u>---</u> mos. <u>---</u> ds.	
DATE OF BURIAL OR REMOVAL <u>March 10, 1916</u>			Former or Usual Residence Filed <u>Mar 10 1916</u> <u>John W. Flinn</u> Local Registrar	
UNDERTAKER <u>Lester Ruffner</u>			ADDRESS <u>Prescott, Ariz.</u> Filed <u>4/10 1916</u> <u>John W. Flinn</u> County Registrar	

WHEN COMPLETE, WITH UNFOLDING LINK, 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.