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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. [illegible]

County Registered No. 10

Local Registrar's No. 3

PLACE OF DEATH

County Graham

District Pima

Town Or City Thatcher

No. ..... St.

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

FULL NAME Anna Katherine Shaw

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

~~SINGLE~~ ~~MARRIED~~ WIDOWED or ~~DIVORCED~~

DATE OF BIRTH Apr (Month) 20 (Day) 1855 (Year)

AGE 60 yrs 10 mos 17 days | If less than 1 day, ... hrs., or ..... min.

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

BIRTHPLACE (State or country) Germany

PARENTS

NAME OF FATHER Geo. Zircle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothy (not known)

BIRTHPLACE OF MOTHER (State or county) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. George Grande

(Address) Thatcher, Ariz.

PLACE OF BURIAL OR REMOVAL Thatcher, Ariz.

DATE OF BURIAL OR REMOVAL [illegible] 1916

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 7th (Day) 1916 (Year)

I hereby certify, that I attended deceased from Nov. 1915 to Mar. 6, 1916; that I last saw her alive on Mar. 6, 1916 and that death occurred on the date stated above at 8 P.M. The DISEASE or INJURY causing Death was as follows: General Paresis

..... (Duration) 2 yrs. ..... mos. ..... days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY .....

..... (Duration) 2 yrs. ..... mos. ..... days

(Signed) J. N. Heywood

Mar. 12, 1916 (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. 6 mos 17 ds. In Arizona 15 yrs. ....mos. ....ds.

Former or Usual Residence Globe, Ariz.

Filed April 6th 1916 Mrs. R. C. Dryden Local Registrar

Filed 4/10 1916 G. S. Martin County Registrar

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.