2884

494

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 133

County Registered No. 75

Local Registrar's No. 4

PLACE OF DEATH

County Greenlee

District Duncan

Town Or City

No. St.

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

FULL NAME Mary Jane McCleskey

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

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

DATE OF BIRTH March (Month) 30 (Day) 1835 (Year)

AGE 81 yrs. 0 mos. 3 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) Georgia

PARENTS

NAME OF FATHER Dunagan

BIRTHPLACE OF FATHER State or country) Don't know state us

MAIDEN NAME OF MOTHER — Wallace

BIRTHPLACE OF MOTHER State or country) U. S.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph McCleskey

(Address) Duncan Az

PLACE OF BURIAL OR ~~REMOVAL~~ Duncan Cemetery

DATE OF BURIAL OR ~~REMOVAL~~ April 4 1916

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 3 (Day) 1916 (Year)

I hereby certify, that I attended deceased from Feb 1 1916 to Apr 2 1916; that I last saw her alive on Apr 2 1916, and that death occurred on the date stated above at 6 A M. The DISEASE or INJURY causing Death was as follows: Erysipelas and Chronic Gastritis

Erysipelas (Duration) yrs. mos 14 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) J H Briley

Apr 3 1916 (Address) Duncan Az

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

LENGTH OF RESIDENCE

At place of death 18 yrs. mos. ds. In Arizona 20 yrs. mos. ds.

Former or Usual Residence Texas

Filed Apr 3 1916 John Evans Local Registrar

Filed MAY 1 1916 L A W BURTCH, M. D. CLIFTON, ARIZONA 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.