2989

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~231~~

County Registered No. 1339

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District No 2

Town Or City Tempe

No. ..... St.

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

FULL NAME Amanda Missouri Cave

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: ✓ White Indian Black Chinese Mexican

SINGLE ✓ MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: March 24 1845 (Month) (Day) (Year)

AGE: 71 yrs. ..... mos. 15 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): Ind

PARENTS

NAME OF FATHER: W. C. Potter

BIRTHPLACE OF FATHER State or country)

MAIDEN NAME OF MOTHER: H. A. Cobb

BIRTHPLACE OF MOTHER State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. P. Cave

(Address) 819 N. First St. Alhambra Calif

PLACE OF BURIAL OR REMOVAL: Tempe Ariz

DATE OF BURIAL OR REMOVAL: April 9 1916

UNDERTAKER: Moore McLellan & Wickliffe

ADDRESS: Tempe Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 7 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 1st 1915 to April 7 1916; that I last saw her alive on April 7 1916 and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing Death was as follows: Tuberculosis

(Duration) 2 yrs. 6 mos. ..... days

Was disease contracted in Arizona? no

If not, where? Calif

CONTRIBUTORY ~~B. B. Moore~~

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

(Signed) B. B. Moore

April 7 1916 (Address) Tempe

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

LENGTH OF RESIDENCE

At place of death 27 yrs. 7 mos. ..... ds. In Arizona 27 yrs. ..... mos. ..... ds.

Former or Usual Residence Tempe Ariz

Filed May 4 1916 B. B. Moore Local Registrar

Filed May 8 1916 A. B. Nichols 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.