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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~349~~
County Registered No. 55
Local Registrar's No. 48

PLACE OF DEATH

County Yuma
District Yuma
Town Or City Yuma
No. on Ranch, St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mary E. Richetts

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

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

DATE OF BIRTH January 10th 1855 (Month) (Day) (Year)

AGE 61 yrs. 2 mos. 27 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): Missouri

PARENTS
NAME OF FATHER: J. B. McClendon
BIRTHPLACE OF FATHER (State or country): Kentucky
MAIDEN NAME OF MOTHER: Pomelia Christian
BIRTHPLACE OF MOTHER (State or country): Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lillian Jackson
(Address) Yuma, Ariz.

PLACE OF BURIAL OR REMOVAL: Yuma Cemetery
DATE OF BURIAL OR REMOVAL: 4/8 1916
UNDERTAKER: H. C. Johnson
ADDRESS: Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

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

I hereby certify, that I attended deceased from March 1916 to Apr. 7 1916; that I last saw her alive on Apr. 6 1916, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing death was as follows: Pulmonary Tuberculosis

(Duration) yrs. 3 mos. — days —

Was disease contracted in Arizona? No
If not, where? Texas
CONTRIBUTORY Pneumonia
(Duration) yrs. 2 mos. — days —

(Signed) Dr. C. E. Rooney
Apr 7 1916 (Address) Yuma 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. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ ds.

Former or Usual Residence

Filed April 8th 1916 Tracy A. Hoffman, Local Registrar

Filed May 5 1916 C. E. Rooney M.D., County Registrar

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.