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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 438

County Registered No. 100

Local Registrar's No.

## ORIGINAL CERTIFICATE OF DEATH

**PLACE OF DEATH**

County Gila

District Globe

~~Town~~ ~~Or~~ City Globe

No. 337 South Sutherland St.

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

**FULL NAME** Josephine Stanfield

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Female

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Nov. (Month) 17th (Day) 1849 (Year)

AGE: 66 yrs. — mos. — days

If less than 1 day ..... hrs., or ..... min.

OCCUPATION (a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Miss.

PARENTS

NAME OF FATHER: Jess Mayhew

BIRTHPLACE OF FATHER (State or country): Miss.

MAIDEN NAME OF MOTHER: Clay

BIRTHPLACE OF MOTHER (State or country): Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Margaret Stanfield

(Address) Globe, Arizona

PLACE OF BURIAL ~~OR REMOVAL~~: Globe

DATE OF BURIAL ~~OR REMOVAL~~: May 18th 1916

UNDERTAKER: J. L. Jones & Son

ADDRESS: Globe, Arizona

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: May (Month) 16th (Day) 1916 (Year)

I hereby certify, that I attended deceased from about April 1st 1916 to May 16 1916; that I last saw her alive on May 16 1916, and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing death was as follows: Cerebral Hemorrhage

(Duration) 1 yrs. — mos. 1 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY: Arteria Sclerosis unknown (Duration) — yrs. — mos. — days

(Signed) Warren T. Judd Globe

0/23 1916 (Address) Trust Bldg

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

LENGTH OF RESIDENCE

At place of death 25 yrs. — mos. — ds. In Arizona 30 yrs. — mos. — ds.

Former or Usual Residence

Filed May 18 1916 B.G.J.04 Local Registrar

Filed June 5 1916 B.G.J.04 County Registrar

WHITE 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.