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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. [redacted]
County Registered No. 247
Local Registrar's No. 121

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.

PLACE OF DEATH

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

FULL NAME Elizabeth Roarty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
Color or Race: White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: May 22 1916 (Month) (Day) (Year) 191..

AGE: 3 yrs. 3 mos. ..... days
If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Tucson-Arizona

PARENTS
NAME OF FATHER: M.H. Roarty
BIRTHPLACE OF FATHER (State or country): Penn
MAIDEN NAME OF MOTHER: Elizabeth Cany,
BIRTHPLACE OF MOTHER (State or country): Penn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. H. Roarty,
(Address) Morenci-Ariz.

PLACE OF BURIAL OR REMOVAL: Fraternal
DATE OF BURIAL OR REMOVAL: Aug 22 1916 19..

UNDERTAKER
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1916. (Month) (Day) (Year) 191..

I hereby certify, that I attended deceased from Aug 20 1916 to Aug 22 1916; that I last saw her alive on Aug 22 1916, and that death occurred on the date stated above at 5 30 P.M. The DISEASE or INJURY causing Death was as follows: Dysentery.

(Duration) ..... yrs. ..... mos. 4 days

Was disease contracted in Arizona? yes
If not, where?
CONTRIBUTORY
(Duration) ..... yrs. ..... mos. ..... days

(Signed) Charlton Jay M.D.
Aug 23 1916. (Address) Morenci

*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 Aug 22 1916. D M Counsler
Local Registrar

Filed SEP 15 1916 191..
County Registrar