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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 717

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 296

Local Registrar's No. 148

PLACE OF DEATH
 County Greenlee
 District _____
 Town Moenie
 Or City _____

No. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mrs. Louisa M. Nuckals

WR...E 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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>9 16 1916</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Sept 8 - 1847</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>9/16/1916</u> to <u>9/16 1916</u> ; that I last saw <u>her</u> alive on <u>9/16 1916</u> , and that death occurred on the date stated above at <u>8:30 P. M.</u> The DISEASE or INJURY causing		
AGE <u>69</u> yrs. - <u>8</u> mos. - <u>8</u> days If less than 1 day _____ hrs., or _____ min.			Death was as follows: <u>Cerebral Hemorrhage</u>		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country)			CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days		
NAME OF FATHER			(Signed) <u>J. B. Smith</u> 1916 (Address) <u>Moenie</u>		
BIRTHPLACE OF FATHER (State or country)			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
MAIDEN NAME OF MOTHER			LENGTH OF RESIDENCE At place of death <u>5</u> yrs. _____ mos. _____ ds. In Arizona <u>5</u> yrs. _____ mos. _____ ds.		
BIRTHPLACE OF MOTHER (State or country)			Former or Usual Residence <u>Texas</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Filed _____ 1916 Local Registrar		
(Informant) <u>Sam Nuckals</u>			Filed _____ 1916 County Registrar		
(Address) <u>Moenie</u>					
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL			
		<u>SEP 1 1916</u>			
UNDERTAKER			ADDRESS		