

2204

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 536
County Registered No. 47
Local Registrar's No. 57

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Mohave
District _____
Town _____
Or City Hackberry

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

FULL NAME Martha Christiana Bacon

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED	DATE OF DEATH <u>Nov. 14, 1916</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov 1 1873</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Nov. 14, 1916</u> to <u>Nov. 14, 1916</u> ; that I last saw her alive on <u>Nov. 14, 1916</u> , and that death occurred on the date stated above at <u>6:30 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Postpartum Hemorrhage</u> (Duration) _____ yrs. _____ mos. _____ days.	
AGE <u>43 yrs. - 13 days</u> If less than 1 day _____ hrs., or _____ min.			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY <u>Retained Afterbirth Placenta</u> (Duration) _____ yrs. _____ mos. _____ days.	
BIRTHPLACE (State or country) <u>California</u>			(Signed) <u>A. L. Tilton, M.D.</u> <u>Nov. 15, 1916</u> (Address) <u>Kingman, Ariz.</u>	
PARENTS	NAME OF FATHER <u>Thomas Hunt</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE At place of death <u>7 yrs. - 30 mos. - 30 ds.</u> In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence _____ Filed <u>Nov 16 1916</u> <u>J. Holman</u> Local Registrar Filed <u>Dec 5 1916</u> <u>W. H. Bucher</u> County Registrar	
	BIRTHPLACE OF FATHER (State or country) <u>Missouri</u>			
	MAIDEN NAME OF MOTHER <u>Eleanor Crawford</u>			
	BIRTHPLACE OF MOTHER (State or country) <u>Missouri</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Henry A. Bacon</u> (Address) <u>Hackberry, Ariz.</u>				
PLACE OF BURIAL OR REMOVAL <u>Hackberry</u>		DATE OF BURIAL OR REMOVAL <u>Nov 16 1916</u>		
UNDERTAKER <u>O. N. Van Meter</u>		ADDRESS <u>Kingman, Ariz.</u>		