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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~701~~

County Registered No. 78

Local Registrar's No.

PLACE OF DEATH

County Cochise

District

Town Or City Bisbee

No. St.

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

FULL NAME Minnie G. Bright

WRITE PLAINLY, WITH CONTRADING 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

SEX: Female

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

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

DATE OF BIRTH: 1879 (Month) (Day) (Year) 191

AGE: 37 yrs. mos. 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): Texas

PARENTS
NAME OF FATHER: Paul Allen
BIRTHPLACE OF FATHER (State or Country): Miss.
MAIDEN NAME OF MOTHER: Martha Horton
BIRTHPLACE OF MOTHER (State or Country): Miss.

The Above Is True to the Best of My Knowledge
(Informant): John Bright
(Address): Gleeson, Arizona

PLACE OF ~~BURIAL OR~~ REMOVAL: Gleeson, Arizona

DATE OF ~~BURIAL OR~~ REMOVAL: Dec. 16 1916

UNDERTAKER: M. G. Hubbard

ADDRESS:

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 16 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec. 10 1916 to Dec. 16 1916; that I last saw her alive on Dec. 16 1916, and that death occurred on the date stated above at 8 A.M. The DISEASE or INJURY causing Death was as follows: Nephritis x obstruction of common bileduct

(Duration) 2 yrs. mos. days.

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY: Uremia

(Duration) yrs. mos. 4 days.

(Signed) Frank G. Bridge

Dec. 16 1916 (Address) Bisbee Ariz.

*In death 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 12-18 1916 [signature] Local Registrar

Filed 12-18 1916 [signature] County Registrar