

24 19

101

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Cochise

BUREAU OF VITAL STATISTICS

State Index No. 745

District Pearce

County Registered No. 66

Town

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's No.

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

FULL NAME Mildred Burnett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec 30 1916  
(Month) (Day) (Year)

DATE OF BIRTH Dec 11 1904  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 26  
1916 to Dec 30 1916; that I last saw her alive

AGE 12 yrs. 19 mos. 19 days If less than 1 day \_\_\_\_\_  
hrs., or \_\_\_\_\_ min.

on Dec 20 1916 and that death occurred on the date

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

stated above at 2:30 P. M. The DISEASE or INJURY causing

BIRTHPLACE (State or country) Texas

Death was as follows: Acute Lobar Pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 days

NAME OF FATHER J. F. Burnett

Was disease contracted in Arizona? yes  
If not, where? \_\_\_\_\_

BIRTHPLACE OF FATHER (State or country) Tennessee

CONTRIBUTORY \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

MAIDEN NAME OF MOTHER Lela Gray

(Signed) Joseph P. [Signature]  
Dec 31 1916 (Address) Pearce

BIRTHPLACE OF MOTHER (State or country) Texas

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE \_\_\_\_\_  
At place of death 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Informant) \_\_\_\_\_

Former or Usual Residence Fl. Mex & Tex  
Filed Dec. 31 1916 Mrs. D. [Signature]  
Local Registrar

PLACE OF BURIAL OR REMOVAL Pearce DATE OF BURIAL OR REMOVAL Jan 1 1917

Filed 1-11 1917 [Signature]  
County Registrar

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.