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494

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 494

PLACE OF DEATH

County Coconos
District Douglas
Town Douglas
Or City Douglas

ORIGINAL CERTIFICATE OF DEATH

County Registered No.
Local Registrar's No.

No. 1165
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Laura Armstrong

WHOSE PLAINLY AND 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

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

DATE OF BIRTH April 12 1872
 (Month) (Day) (Year)

AGE 45 yrs. 3 mos. 3 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) Ky

PARENTS
 NAME OF FATHER Marion Aspley
 BIRTHPLACE OF FATHER (State or country) Ky
 MAIDEN NAME OF MOTHER Maudie Ray
 BIRTHPLACE OF MOTHER (State or country) Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Deason
 (Address) Douglas

PLACE OF BURIAL OR REMOVAL Douglas DATE OF BURIAL OR REMOVAL April 22 1917
 UNDERTAKER Ingram ADDRESS Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1917
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from ap. 15 1917 to ap. 19 1917; that I last saw h. er alive on ap. 19 1917, and that death occurred on the date stated above at 2 a. M. The DISEASE or INJURY causing death was as follows:
Acute Solar Peritonitis
 (Duration) yrs. mos. 5 days

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

(Signed) J. Armstrong
4/27 1917 (Address) Douglas

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

LENGTH OF RESIDENCE
 At place of death 10 yrs. 10 mos. 10 ds. In Arizona 10 yrs. 10 mos. 10 ds.

Former or Usual Residence OK

Filed April 23 1917 W. A. Grewen Local Registrar
 Filed May 11 1917 C. H. Hunt County Registrar

Armstrong