

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **FU3**

ORIGINAL CERTIFICATE OF DEATH

County Registered No. **98**
Local Registrar's No. _____

PLACE OF DEATH

County **Yuma**
District **Yuma**
Town **Yuma**
Or City **Yuma**

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

FULL NAME **Beula Talley**

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.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	Color or Race White Indian Black Chinese Mexican
DATE OF BIRTH Nov. 28th 1914 (Month) (Day) (Year)	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED
AGE 2 yrs 4 mos 4 days If less than 1 day: hrs. or min.	
OCCUPATION At Home (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)	
BIRTHPLACE (State or country) Safford, Arizona	
NAME OF FATHER Hugh Talley	
BIRTHPLACE OF FATHER (State or country) Arizona	
MAIDEN NAME OF MOTHER Belle Norton	
BIRTHPLACE OF MOTHER (State or country) Arizona	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) Hugh Talley	
(Address) Safford, Arizona	
PLACE OF BURIAL OR REMOVAL Safford, Ariz.	DATE OF BURIAL OR REMOVAL April 3rd 1917
UNDERTAKER L. JONES & SON	ADDRESS Yuma, Arizona

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH April 2nd 1917 (Month) (Day) (Year)	
I hereby certify, that I attended deceased from April 2nd 1917 to April 2nd 1917 ; that I last saw her alive on April 2nd 1917 and that death occurred on the date stated above at 11:15 P.M. The DISEASE or INJURY causing death was as follows: Infantile Enterocolitis	
(Duration) 6 yrs 6 mos 6 days	
Was disease contracted in Arizona? yes	
If not, where? _____	
CONTRIBUTORY _____	
(Duration) _____ yrs _____ mos _____ days	
(Signed) W. A. Wolf	1917 (Address) Yuma
In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
LENGTH OF RESIDENCE	
At place of death: 2 yrs 1 mos 1 ds. In Arizona: 1 yr 1 mos 1 ds.	
Former or Usual Residence: Safford, Arizona	
Filed Apr 2 1917	B. J. Job Local Registrar
Filed May 5 1917	W. A. Wolf County Registrar