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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 464a

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 75

Local Registrar's No. 70

PLACE OF DEATH

County Sofford

District Sofford

Town

Or City

No. ..... St.

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

FULL NAME Mary M. Rollins

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

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

DATE OF BIRTH Feb. 17 1842 (Month) (Day) 191 (Year)

AGE 75 yrs. 3 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) Nauvoo, Ill.

PARENTS

NAME OF FATHER Samuel West

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Margaret Cooper

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. C. Carr

(Address) Sofford Ariz.

PLACE OF BURIAL OR REMOVAL Union

DATE OF BURIAL OR REMOVAL May 20 1917

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

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

I hereby certify, that I attended deceased from May 1 1916 to May 19 1917; that I last saw her alive on May 19 1917, and that death occurred on the date stated above at 7 P. M. The DISEASE or INJURY causing death was as follows: Cancer Kidney

(Duration) 2 yrs. — mos. — days

Was disease contracted in Arizona? yes

If not, where? —

CONTRIBUTORY no

(Duration) ..... yrs. ..... mos. ..... days

(Signed) W. E. Pleitt

..... 191 ..... (Address) .....

*In deaths 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 12/31 1917 W. V. Thorpe Local Registrar

Filed 1/10 1918 J. N. Stratton County Registrar

MARGIN RESERVED FOR BINDING

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.

State and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION