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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 1

County Registered No. 2503

Local Registrar's No. 265

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District No 3.

Town Or City Mesa

No. 55 East First Ave St.

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

FULL NAME Elizabeth Jane Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

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

DATE OF BIRTH November - 18 - 1853 (Month) (Day) (Year)

AGE 63 yrs. 7 mos. — days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Toronto Canada

PARENTS

NAME OF FATHER James Jarrett

BIRTHPLACE OF FATHER State or country) Yorkshire England

MAIDEN NAME OF MOTHER Jane Bennett

BIRTHPLACE OF MOTHER State or country) Toronto Canada

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) John L. Anderson Mesa

PLACE OF BURIAL OR ~~REMOVAL~~ Mesa Cem

DATE OF BURIAL ~~OR REMOVAL~~ June 13 1917

UNDERTAKER Mr. Gibbons

ADDRESS Mesa, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 20 1917 to June 12 1917; that I last saw him alive on June 12 1917, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing Death was as follows: Pellagra

(Duration) 1 yrs. 2 mos. days.

Was disease contracted in Arizona? No

If not, where? Calif

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) [illegible]

June 12 1917 (Address) [illegible]

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 6/15 1917 J. E. Drane Local Registrar

Filed July 7 1917 [illegible] County Registrar

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.