

1933

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

State Index No. 192

County District Town Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 2642 Local Registrar's No. 5615

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

FULL NAME Mary Williams

PERSONAL AND STATISTICAL PARTICULARS: SEX Female, Color or Race White, SINGLE, DATE OF BIRTH July 14 1917, OCCUPATION None, BIRTHPLACE Phoenix Ariz, NAME OF FATHER J W Williams, BIRTHPLACE OF FATHER Colo, MAIDEN NAME OF MOTHER Myrtle Robertson, BIRTHPLACE OF MOTHER Okla. MEDICAL CERTIFICATE OF DEATH: DATE OF DEATH July 14 1917, I hereby certify that I attended deceased from July 14 1917 to July 14 1917; that I last saw her alive on July 14 1917, and that death occurred on the date stated above at 5 M. The DISEASE or INJURY causing Death was as follows: Hematuria, Death was as follows: (Duration) yrs mos days. Was disease contracted in Arizona? If not, where? CONTRIBUTORY (Signed) John W. Thomas July 17 1917 (Address) Phoenix. In death 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 Phoenix. Filed July 20 1917. Local Registrar A. B. Nichols. County Registrar. PLACE OF BURIAL OR REMOVAL Forest Lawn Cem. DATE OF BURIAL OR REMOVAL July 16 1917. UNDERTAKER Mrs. M. Bell. ADDRESS