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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  
County Graham  
District  
Town Safford  
Or City

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

421 10

State Index No. 96

ORIGINAL CERTIFICATE OF DEATH  
County Registered No. 59  
Local Registrar's No. 54

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

FULL NAME Mary Obedience Breedlove

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Mar 26 1947  
(Month) (Day) (Year)

AGE 76 yrs. 6 mos. 24 days  
If less than 1 day \_\_\_\_\_ hrs., or \_\_\_\_\_ min.

OCCUPATION  
(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) Missouri

NAME OF FATHER Joseph Bowden

BIRTHPLACE OF FATHER (State or country) Missouri

MAIDEN NAME OF MOTHER Logan

BIRTHPLACE OF MOTHER (State or country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mr. S. A. Louree  
(Address) Safford, Ariz

PLACE OF BURIAL OR REMOVAL Safford DATE OF BURIAL OR REMOVAL 21 Oct 1947

UNDERTAKER ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1947  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 19 1947 to Oct 20 1947; that I last saw her alive on Oct 20 1947, and that death occurred on the date stated above at 12 P.M. The DISEASE or INJURY causing

Death was as follows: Paralysis

(Duration) 1 yrs. 0 mos. 0 days  
Was disease contracted in Arizona? No

If not, where? Texas

CONTRIBUTORY (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) H. J. Warner  
Oct 31 1947 (Address) Safford, Ariz

\*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. 3 ds. In Arizona \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Former or Usual Residence Texas  
Filed 10/31 1947 W. V. Thayer  
Local Registrar

Filed 11/2 1947 J. N. ...  
County Registrar