

2990

501

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 479

County _____
District _____
Town _____
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 2868
Local Registrar's No. 5783

No. 51/2 miles N.W. of Phoenix St.

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

FULL NAME Ida Varney

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Fe</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE MARRIED <input checked="" type="checkbox"/> WIDOWED or DIVORCED	DATE OF DEATH <u>Oct. 25, 1917</u> 191 (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug. 3, 1870</u> 191 (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Oct 21</u> 1917 to <u>Oct 25</u> 1917; that I last saw her alive on <u>Oct 24</u> 1917, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Diabetes</u>	
AGE <u>47</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day			Death was as follows: _____ (Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or country) <u>Mo.</u>			CONTRIBUTORY (Duration) _____ yr. _____ mos. _____ days (Signed) <u>Wm Wylie</u> 191 (Address) _____	
PARENTS	NAME OF FATHER <u>Andrew G. Austin</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Mo.</u>		LENGTH OF RESIDENCE At place of death <u>3</u> yrs. _____ mos. _____ ds. In Arizona <u>6</u> yrs. _____ mos. _____ ds. Former or Usual Residence <u>Arizona.</u>	
	MAIDEN NAME OF MOTHER <u>Martha M. Griffen</u>		FILED <u>Oct. 26</u> 1917 <u>Wm Wylie</u> Local Registrar	
BIRTHPLACE OF MOTHER (State or Country) <u>Ky</u>			FILED <u>Nov. 13</u> 1917 <u>A. B. Nichols</u> County Registrar	
The Above Is True to the Best of My Knowledge (Informant) <u>Andrew G. Austin</u> (Address) _____				
PLACE OF BURIAL OR REMOVAL <u>Greenwood Cem.</u>		DATE OF BURIAL OR REMOVAL <u>Oct. 26</u> 1917		
UNDERTAKER <u>Moore & McLellan</u>		ADDRESS		