

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. 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.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. _____
County Registered No. _____
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Graham
District _____
Town Safford az
Or City _____

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

FULL NAME Dessie Eyring

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>♀</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Nov. 6</u> 191 <u>7</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>June 21</u> 191 <u>5</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Oct 22</u> 191 <u>7</u> to <u>Nov 6</u> 191 <u>7</u> ; that I last saw her alive on <u>Nov 6</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>8.A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Broncho-pneumonia</u>		
AGE <u>2 yrs 5 mos 16 days</u> If less than 1 day _____ hrs., or _____ min.			(Duration) _____ yrs. _____ mos. <u>15</u> days		
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>yes</u> If not, where? _____		
BIRTHPLACE (State or country) <u>Pima Arizona</u>			CONTRIBUTORY _____ (Signed) <u>M.J. Warner</u> <u>Dec 1</u> 191 <u>7</u> (Address) <u>Safford Ariz</u>		
PARENTS	NAME OF FATHER <u>Andrew T Eyring</u>		*In deaths from VIOLENT CAUSES state (1) <u>CAUSES OF INJURY</u> , and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	BIRTHPLACE OF FATHER (State or country) <u>St George Washington Co Utah</u>		LENGTH OF RESIDENCE At place of death <u>1</u> yrs. <u>1</u> mos. _____ ds. In Arizona <u>2</u> yrs. <u>3</u> mos. <u>16</u> ds.		
	MAIDEN NAME OF MOTHER <u>Edith Hawk</u>		Former or Usual Residence _____ Filed <u>11/30-1917</u> <u>W.W. Hoop</u> Local Registrar		
BIRTHPLACE OF MOTHER (State or country) <u>Central Ariz</u>		Filed <u>12/2 1917</u> <u>J.M. Walker</u> County Registrar			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Andrew T Eyring</u> (Address) <u>Safford Arizona</u>					
PLACE OF BURIAL OR REMOVAL <u>Thatcher Ariz</u>		DATE OF BURIAL OR REMOVAL <u>November 7 1917</u>			
UNDERTAKER _____		ADDRESS _____			