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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		523 526 State Index No.
County	<u>Maricopa</u>	ORIGINAL CERTIFICATE OF DEATH		County Registered No. <u>4115</u>
District	<u>4</u>			Local Registrar's No. <u>49</u>
Town	<u>Glendale</u>			
Or City				
No. _____		St. _____		
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Alice Horn</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE <input checked="" type="checkbox"/>	DATE OF DEATH	
<u>Female</u>	White <input checked="" type="checkbox"/> Indian Black Chinese Mexican	MARRIED WIDOWED or DIVORCED	<u>Dec 11 1917</u> (Month) (Day) (Year)	
DATE OF BIRTH	AGE		I hereby certify, that I attended deceased from <u>Dec 6</u>	
_____ 191__	_____ yrs. _____ mos. _____ days hrs., or _____ min.		1917 to <u>Dec 11</u> 1917; that I last saw her alive	
	If less than 1 day		on <u>Dec 11</u> 1917, and that death occurred on the date	
OCCUPATION	BIRTHPLACE		stated above at <u>7 A.M.</u> The DISEASE or INJURY causing	
(a) Trade, profession or particular kind of work _____	(State or country) <u>Texas</u>		Death was as follows: <u>Diphtheria</u>	
(b) General nature of industry, business, or establishment in which employed or (employer) _____	NAME OF FATHER		(Duration) _____ yrs. _____ mos. <u>9</u> days	
	<u>Frank M. Horn</u>		Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE OF FATHER	BIRTHPLACE OF FATHER		If not, where? _____	
(State or Country) <u>Cal</u>	(State or Country) <u>Cal</u>		CONTRIBUTORY <u>Paralysis of throat</u>	
MAIDEN NAME OF MOTHER	MAIDEN NAME OF MOTHER		(Duration) _____ yrs. _____ mos. _____ days	
<u>Annie Smith</u>	<u>Annie Smith</u>		(Signed) <u>J. B. Hill</u>	
BIRTHPLACE OF MOTHER	BIRTHPLACE OF MOTHER		<u>12 11 1917</u> (Address) <u>Glendale Ariz</u>	
(State or Country) <u>Cal</u>	(State or Country) <u>Cal</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above Is True to the Best of My Knowledge (Informant) _____			LENGTH OF RESIDENCE	
(Address) <u>Phoenix Ariz. R. Co.</u>			At place of death _____ yrs. _____ mos. <u>35</u> ds. In Arizona _____ yrs. _____ mos. _____ ds.	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		Former or Usual Residence <u>Texas</u>	
<u>Phoenix</u>	_____ 191__		Filed <u>Dec 11 1917</u>	
UNDERTAKER	ADDRESS		Local Registrar	
<u>Edon News</u>	<u>Phoenix</u>		Filed <u>Jan. 9 1918</u>	
			<u>A. B. Nichols</u> County Registrar	