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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.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Maricopa District 4 Town Glendale Or City _____

State Index No. _____
County Registered No. 4117
Local Registrar's No. 51

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Helma Horn

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Dec 12</u> 191 <u>7</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>April 26</u> 19 <u>17</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Dec 6</u> 191 <u>7</u> to <u>Dec 11</u> 191 <u>7</u> ; that I last saw her alive on <u>12-11</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>1:45</u> AM. The DISEASE or INJURY causing Death was as follows: <u>Diphtheria</u>	
AGE <u>6</u> yrs. <u>7</u> mos. <u>15</u> days hrs., or min.			(Duration) _____ yrs. _____ mos. <u>35</u> days	
OCCUPATION (a) Trade, profession or particular kind of work <u>School girl</u> (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>Texas</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>J. M. Horn</u>		(Signed) <u>J. B. Hice</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Texas</u>		<u>12/12</u> 191 <u>7</u> (Address) <u>Glendale, Ariz.</u>	
	MAIDEN NAME OF MOTHER <u>Lannie Smith</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (State or Country) <u>Texas</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence _____	
The Above Is True to the Best of My Knowledge (Informant) <u>J. M. Horn</u> (Address) <u>Glendale Rd.</u>			FILED <u>Dec 12</u> 191 <u>7</u> <u>J. M. Patterson</u> Local Registrar	
PLACE OF BURIAL OR REMOVAL <u>Forest Lawn</u>		DATE OF BURIAL OR REMOVAL <u>Dec 12</u> 191 <u>7</u>		
UNDERTAKER <u>J. M. Mann</u>		ADDRESS <u>311 1/2 1st Ave</u>		
			FILED <u>Jan 10</u> 191 <u>8</u> <u>A. B. Nichols</u> County Registrar	