

607

534/80

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~326~~

County.....
District.....
Town.....
Or City.....

County Registered No. 4099
Local Registrar's No. 5969

ORIGINAL CERTIFICATE OF DEATH

No. 1034 W. Taylor St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Berlan Mitchell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec 26 1917
(Month) (Day) (Year)

DATE OF BIRTH Nov 29 1917
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 14 1917 to Dec 26 1917; that I last saw her alive on Dec 14 1917, and that death occurred on the date stated above at 12 M. The DISEASE or INJURY causing

AGE 35 yrs. mos. days hrs., or min. If less than 1 day.....

Death was as follows: Tuberculosis

OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Mo.

(Duration)..... yrs..... mos..... days.....

NAME OF FATHER James Mitchell

Was disease contracted in Arizona? No

BIRTHPLACE OF FATHER (State or country) Mo.

If not, where? Calif

MAIDEN NAME OF MOTHER Oulley

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

BIRTHPLACE OF MOTHER (State or country) Mo.

(Signed) John W. Jones
Dec 28 1917 (Address) Phoenix

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Mitchell

*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. / ds. In Arizona..... yrs. / mos. / ds.

PLACE OF BURIAL OR REMOVAL Forest Lawn Cem. DATE OF BURIAL OR REMOVAL Dec. 31 1917

Former or Usual Residence California
Filed Dec. 31 1917

UNDERTAKER Moore & McEllan ADDRESS 7

Local Registrar
Filed Jan. 9 1918 A. D. Nichols

County Registrar

WRITE CLEARLY, 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.