

1731

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

County Graham  
District Maricopa  
Town Maricopa  
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 126

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 46  
Local Registrar's No. 33

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

FULL NAME Mary Skolzig

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White-Indian SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH July 4-5 1918  
(Month) (Day) (Year)

AGE 4 yrs. 5 mos. 4 days hrs., or min. If less than 1 day \_\_\_\_\_

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

BIRTHPLACE (State or country) Maricopa

NAME OF FATHER M. Skolzig

BIRTHPLACE OF FATHER (State or country) Maricopa

MAIDEN NAME OF MOTHER Myrtle Kies

BIRTHPLACE OF MOTHER (State or country) Maricopa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. Skolzig

(Address) Maricopa

PLACE OF BURIAL OR REMOVAL Freemont DATE OF BURIAL OR REMOVAL July 5 1918

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 5 1918  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar 4 1918 to Mar 5 1918; that I last saw her alive on Mar 4 1918, and that death occurred on the date stated above at 1 A M. The DISEASE or INJURY causing

Death was as follows: Premature Birth  
(Duration) three hours

Was disease contracted in Arizona? \_\_\_\_\_ If not, where? \_\_\_\_\_

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

(Signed) M. Skolzig Mar 5 1918 (Address) Maricopa

\*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.

Former or Usual Residence Phil's & S. Maricopa

Filed May 9 1918 Local Registrar

County Registrar