

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 Marcopaca
District M 3
Town Chandler
Or City

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH
State Index No. 4962
County Registered No. 459
Local Registrar's No.

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

FULL NAME Vera Damron

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White
SINGLE X MARRIED _____
WIDOWED _____
OR DIVORCED _____

DATE OF BIRTH Feb 10 1915
(Month) (Day) (Year)

AGE 3 yrs. 3 mos. 26 days
If less than 1 day _____ hrs. or _____ min.

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) N.M.

NAME OF FATHER Eugene Damron

BIRTHPLACE OF FATHER (State or country) N.M.

MAIDEN NAME OF MOTHER Hattie Moody

BIRTHPLACE OF MOTHER (State or country) N.M.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Damron
(Address) Chandler

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL June 6 1918

UNDERTAKER W. A. Burton & Sons ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 27 1918 to June 4 1918; that I last saw her alive on May 27 1918, and that death occurred on the date stated above at 7:30 M. The DISEASE or INJURY causing

death was as follows: Indigestion & lack of assimilation following
assimilation which followed measles
(Duration) _____ yrs. _____ mos. 14 days

Was disease contracted in Arizona? _____
If not, where? _____

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

(Signed) J. E. Drane
June 6 1918 (Address) Mesa Ariz.

In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death 2 yrs. _____ mos. _____ ds. In Arizona 2 yrs. _____ mos. _____ ds.

Former or Usual Residence Flagstaff Ariz.
Filed 6/6 1918

Filed 7-9 1918
Local Registrar J. E. Drane
County Registrar G. B. Nichols