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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 389

County Registered No. 543

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Pinal

District

Town Or City Casa Grande

No. St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Annie Alice Goodman

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — Color or Race: White, Indian, Black, Chinese, Mexican — SINGLE, MARRIED, WIDOWED or DIVORCED: Single

DATE OF BIRTH Oct 28 1902 (Month) (Day) (Year)

AGE 15 yrs. 7 mos. 7 days — If less than 1 day ... hrs., or ... min.

OCCUPATION (a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: Jos. T. Goodman

BIRTHPLACE OF FATHER (State or country): Ariz

MAIDEN NAME OF MOTHER: Annie McCrae

BIRTHPLACE OF MOTHER (State or country): Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. L. V. Tilton

(Address) Casa Grande

PLACE OF BURIAL OR REMOVAL: St. David

DATE OF BURIAL OR REMOVAL: June 6 1918

UNDERTAKER: D. Martin

ADDRESS: Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from May 28 1918 to June 5 1918; that I last saw her alive on June 1918, and that death occurred on the date stated above at 4:10 P.M. The DISEASE or INJURY causing Death was as follows:

Broncho Pneumonia

(Duration) ... yrs. 1 mos. ... days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY pertussis

(Duration) ... yrs. 1 mos. ... days

(Signed) E. J. Gunde, M.D.

6-5 1918 (Address) Casa Grande

*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. 6 mos. ... ds. In Arizona 15 yrs. 7 mos. 7 ds.

Former or Usual Residence

Filed June 15th 1918 E. T. Havens — Local Registrar

Filed June 20 1918 W. G. Rader — County Registrar