964

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 117

ORIGINAL CERTIFICATE OF DEATH

County Graham

District No 2

Town Or City Pima

County Registered No.

Local Registrar's No. 43

No. ..... St.

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

FULL NAME Lucy Wagstaff Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX Feomail

Color or Race: X White Indian Black Chinese Mexican

SINGLE MARRIED X WIDOWED or DIVORCED

DATE OF BIRTH Jan 1st 1862 (Month) (Day) (Year)

AGE 56 yrs 7 mos 2 days

If less than 1 day ..... hrs., or ..... min.

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) Salt Lake City Utah

PARENTS

NAME OF FATHER James Wagstaff

BIRTHPLACE OF FATHER State or country) unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER State or country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R M Kelly

(Address) Pima Arizona

PLACE OF BURIAL OR REMOVAL Pima

DATE OF BURIAL OR REMOVAL Aug 3rd 1918

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 1918 to Aug 3, 1918; that I last saw her alive on Aug 2, 1918, and that death occurred on the date stated above at 2 A.M. The DISEASE or INJURY causing Death was as follows: Uremia

(Duration) ..... yrs ..... mos 5 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Arterio Sclerosis

(Duration) 2 yrs ..... mos ..... days

(Signed) J. N. Haywood

Aug 31 1918 (Address) Thatcher, 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 35 yrs ..... mos ..... ds. In Arizona ..... yrs ..... mos ..... ds.

Former or Usual Residence

Filed 10/31 1918 W. V. Thorpe Local Registrar

Filed 12/14 1918 J. N. Stratton County Registrar