

2047

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

ARIZONA STATE BOARD OF HEALTH

County Graham

BUREAU OF VITAL STATISTICS

State Index No. 519

District _____
Town Pima
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 104

Local Registrar's No. 13

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

FULL NAME Lillie Grace Brewell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH 10-31-1919
(Month) (Day) (Year)

DATE OF BIRTH Aug 1 1917
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 10/31-1918 to 10/31-1918; that I last saw him alive on 10/31-1918, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing death was as follows: Acute Endocarditis

AGE 11 yrs. 3 mos. _____ 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) Pima, Graham Co, Ariz.

NAME OF FATHER E. D. Brewell

BIRTHPLACE OF FATHER (State or country) Taylor, Ariz.

MAIDEN NAME OF MOTHER Annie Matheson

BIRTHPLACE OF MOTHER (State or country) Panguitch Utah

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

(Address) _____

PLACE OF BURIAL OR REMOVAL Pima DATE OF BURIAL OR REMOVAL Nov. 1 1918

UNDERTAKER _____ ADDRESS _____

(Duration) _____ yrs. _____ mos. _____ days

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

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

(Signed) W. E. Platt
_____ 191_____ (Address) Jefferson

*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 _____

Filed 2/28 9 W. G. Hooper Local Registrar

Filed 3/8 1919 J. N. Stratton County Registrar