2796

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 Maricopa

District

Town

Or City Phoenix,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 609

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 5497

Local Registrar's No. 6995

No. Monte Vista & 11th. Sts. St.

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

FULL NAME Edith C. Kersting

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

Color or Race: *White Indian Black Chinese Mexican

SINGLE *MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: July 12th. 1868 (Month) (Day) 191 (Year)

AGE: 50 yrs. mos. days — If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Illinois

PARENTS

NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): Germany,

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL: Catholic Cemetery,

DATE OF BURIAL OR REMOVAL: 11-15-18. 191

UNDERTAKER: J.T.Whitney, Phoenix, Arizona,

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 12th. 1918. (Month) (Day) 191 (Year)

I hereby certify, that I attended deceased from Nov 7 1918 to Nov 12 1918; that I last saw her alive on Nov 11 1918, and that death occurred on the date stated above at ... The DISEASE or INJURY causing death was as follows: Pneumonia

(Duration) yrs. mos. days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Influenza

(Duration) yrs. mos. days

(Signed) Wm Wylie

11-14-18. 191 Phoenix, Arizona,

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

LENGTH OF RESIDENCE

At place of death 6 yrs. mos. ds. In Arizona 18 yrs. mos. ds.

Former or Usual Residence Illinois

Filed Nov 18 1918 [signature] Local Registrar

Filed Dec. 10 1918 A. B. Nichols County Registrar