8049

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

ORIGINAL CERTIFICATE OF DEATH

State Index No. 361
County Registered No. 5795
Local Registrar's No. 631

PLACE OF DEATH

County Maricopa
District 3
Town Or City Mesa
No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Elenor Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Feb (Month) 28 (Day) 1914 (Year)

AGE: 3 yrs. 9 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): Mesa Arizona

PARENTS
NAME OF FATHER: Ira J. Allen
BIRTHPLACE OF FATHER (State ~~or country~~): Tenn.
MAIDEN NAME OF MOTHER: Gladdis E. Johnson
BIRTHPLACE OF MOTHER (State or country): Mesa Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ira J. Allen
(Address)

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa
DATE OF BURIAL OR REMOVAL: Nov. 29 1918
UNDERTAKER: W. A. Burton & Sons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 28th (Day) 1918 (Year)

I hereby certify, that I attended deceased from Nov 26. 1918 to Nov 28 1918; that I last saw h~~im~~er alive on Nov 28 1918, and that death occurred on the date stated above at 2 P.M. The DISEASE or INJURY causing death was as follows:

Bronch. Pneumonia

(Duration) ..... yrs. ..... mos. 3 days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Influenza

(Duration) ..... yrs. ..... mos. 10 days.

(Signed) J. B. Nelson
Nov 28 1918 (Address) Mesa

*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 11/28 1918 J. E. Drane
Local Registrar

Filed 12/4 1918 C. B. Nelson
County Regi-