8054

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. 866

County Registered No. 5798

Local Registrar's No. 634

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 Margaret Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

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

DATE OF BIRTH: May (Month) 17 (Day) 1917 (Year)

AGE: 1 yrs. 7 mos. 12 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

PARENTS

NAME OF FATHER: Ira J Allen

BIRTHPLACE OF FATHER (State or country): Tenn.

MAIDEN NAME OF MOTHER: Gladdis 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 30th 1918

UNDERTAKER: W A Burton & Sons

ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 29th (Day) 1918 (Year)

I hereby certify, that I attended deceased from Nov 27th 1918 to Nov 29 1918; that I last saw her alive on Nov 28th 1918, and that death occurred on the date stated above at 8 a. M. The DISEASE or INJURY causing death was as follows:

Lobular 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 M.D.

Nov 29 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 11/29 1918 J. E. Drane, Local Registrar

Filed 12/24 1918 A. B. Nichols, County Registrar