8059

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. 871

County Registered No. 5601

Local Registrar's No. 7099

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. St. Josephs Hospital St.

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

FULL NAME Lillian Hinshaw

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female

Color or Race * White Indian Black Chinese Mexican

* SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH November (Month) (Day) 191 (Year)

AGE 21 yrs. mos. days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Indiana

PARENTS

NAME OF FATHER W. M. Hinshaw

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Arvilla

BIRTHPLACE OF MOTHER (State or country) Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. M. Hinshaw

(Address)

PLACE OF BURIAL OR REMOVAL Winchester, Indiana

DATE OF BURIAL OR REMOVAL 11/30/1918 191

UNDERTAKER J. T. Whitney

ADDRESS City.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30th, 1918. (Month) (Day) 191 (Year)

I hereby certify, that I attended deceased from Nov 26 1918 to Nov 30 1918; that I last saw her alive on Nov 30 1918, and that death occurred on the date stated above at 12:30P M. The DISEASE or INJURY causing death was as follows:

Pneumonia

(Duration) yrs. mos. 4 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Tuberculosis

(Duration) yrs. mos. days

(Signed) E. W. Bauer

11/30 1918 (Address) Phoenix 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 yrs. mos. 1 ds. In Arizona yrs. mos. 7 ds.

Former or Usual Residence Indiana

Filed Nov 30 1918 [signature] Local Registrar

Filed Dec 15 1918 County Registrar