

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 <u>Graham</u>		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		State Index No. <u>398</u>
District _____ Town _____ Or City <u>Safford</u>		ORIGINAL CERTIFICATE OF DEATH		County Registered No. <u>6</u> Local Registrar's No. <u>87</u>
No. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Leleopha Williams Alt</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED	DATE OF DEATH <u>November 17</u> 191 <u>8</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>September 29</u> 189 <u>7</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Nov. 12</u> 191 <u>8</u> to <u>Nov. 17</u> 191 <u>8</u> ; that I last saw her alive on <u>Nov. 17</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>6 A</u> M. The DISEASE or INJURY causing Death was as follows: <u>Influenza followed by passive congestion of lungs & Heart failure</u> (Duration) _____ yrs. _____ mos. <u>5</u> days	
AGE <u>22</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____			Was disease contracted in Arizona? <u>yes</u> If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work. <u>House-wife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE (State or country) <u>Pima Arizona</u>			(Signed) <u>A. J. Harner</u> <u>Nov. 30</u> 191 <u>8</u> (Address) <u>Safford, Arizona</u>	
PARENTS	NAME OF FATHER <u>S. C. Williams</u>		*In deaths from VIOLENT CAUSES state (1) <u>PLANS OF INJURY</u> , and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF FATHER (State or country) <u>Pima Arizona</u>		LENGTH OF RESIDENCE At place of death _____ yrs. <u>8</u> mos. _____ ds. In Arizona <u>2</u> yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u> Helen Rogers</u>		Former or Usual Residence _____	
	BIRTHPLACE OF MOTHER (State or country) <u>Pima Ariz</u>		Filed <u>12/31-1918</u> <u>W. V. Hooper</u> Local Registrar	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Chas. S. Alt</u> (Address) <u>Safford Ariz</u>				
PLACE OF BURIAL OR REMOVAL <u>Glenbar Ariz</u>		DATE OF BURIAL OR REMOVAL <u>Nov. 18</u> 19 <u>18</u>		
UNDERTAKER _____		ADDRESS _____		
Filed _____ 191 _____ County Registrar				