

7334

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.

FILL OUT ALL BLANKS

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County _____		BUREAU OF VITAL STATISTICS	
District _____		State Index No. <u>383</u>	
Town _____		County Registered No. <u>5905</u>	
Or City _____		Local Registrar's No. <u>7209</u>	
No. _____		St. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Nora May Crabb</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>female</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	DATE OF DEATH <u>Dec 18</u> 191 <u>8</u> (Month) (Day) (Year)	
SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>		I hereby certify, that I attended deceased from <u>Dec 10</u> to <u>Dec 17</u> 191 <u>8</u> ; that I last saw her alive on <u>Dec 17</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>1:20 AM</u> the DISEASE or INJURY causing Death was as follows: <u>Pneumonia following influenza</u>	
DATE OF BIRTH <u>March 9, 1889</u> 191____ (Month) (Day) (Year)		(Duration) _____ yrs. _____ mos. _____ days.	
AGE <u>29</u> yrs. <u>9</u> mos. <u>9</u> days hrs., or _____ min.		Was disease contracted in Arizona? _____ If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days.	
BIRTHPLACE (State or country) <u>Colorado</u>		(Signed) <u>E. Payne Palmer</u> 191____ (Address) <u>306 Grand</u>	
PARENTS	NAME OF FATHER <u>Sanford Brown</u>	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Unknown</u>	LENGTH OF RESIDENCE At place of death _____ yrs. <u>2</u> mos. _____ ds. In Arizona <u>20</u> yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Emeline Pointer</u>	Former or Usual Residence <u>Colo.</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Colorado</u>		Filed <u>Dec 19</u> 191 <u>8</u> _____ Local Registrar	
The Above Is True to the Best of My Knowledge (Informant) <u>J.V. Crabb</u> (Address) _____		Filed <u>Jan. 16</u> 191 <u>9</u> _____ County Registrar	
PLACE OF BURIAL OR REMOVAL <u>Greenwood</u>	DATE OF BURIAL OR REMOVAL <u>Dec 19.</u> 191 <u>8</u>		
UNDERTAKER <u>Moore & McLellan</u>	ADDRESS <u>City</u>		