

9771

FILL OUT ALL BLANKS. 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>APACHE</u>		ARIZONA STATE BOARD OF HEALTH	
District _____ Town _____ Or <u>SAINT JOHNS, ARIZONA</u>		BUREAU OF VITAL STATISTICS	State-Index No. <u>0</u>
No. _____ (If death occurred in Hospital or Institution give its NAME instead of street and number.)		ORIGINAL CERTIFICATE OF DEATH	County Registered No. _____ Local Registrar's No. <u>7</u>
FULL NAME <u>Anna Eliza Whiting</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	DATE OF DEATH <u>Jan. 19</u> 191 <u>9</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>April 24</u> 18 <u>49</u> (Month) (Day) (Year)	SINGLE MARRIED WIDOWED or DIVORCED	I hereby certify, that I attended deceased from <u>Jan 15</u> 191 <u>9</u> to <u>Jan 18</u> 191 <u>9</u> ; that I last saw h. <u>alive</u> on <u>Jan 18</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>2 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Epilepsy</u>	
AGE <u>69</u> yrs. <u>8</u> mos. <u>25</u> days If less than 1 day _____ hrs., or _____ min.	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)		
BIRTHPLACE (State or country) <u>Utah</u>	Was disease contracted in Arizona? <u>yes</u> If not, where? _____		
NAME OF FATHER <u>James Jacobson</u>	CONTRIBUTORY _____ (Duration) <u>8</u> yrs. _____ mos. _____ days		
BIRTHPLACE OF FATHER (State or country) <u>Denmark</u>	(Signed) <u>J. R. Mayer</u> <u>1-21</u> 191 <u>9</u> (Address) <u>Saint Johns Ariz</u>		
MAIDEN NAME OF MOTHER <u>(?)</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER (State or country) <u>Denmark</u>	LENGTH OF RESIDENCE _____ At place of death <u>8</u> yrs. _____ mos. _____ ds. In Arizona <u>8</u> yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Usual Residence <u>Utah</u>		
(Informant) <u>Myrtle Whiting Isaacson</u>	Filed <u>7/5</u> 191 <u>9</u> <u>Martin Jensen</u> Local Registrar		
(Address) <u>SAINT JOHNS, ARIZONA</u>	Filed _____ 191 <u>9</u> <u>J. R. Mayer</u> County Registrar		
PLACE OF BURIAL OR REMOVAL <u>SAINT JOHNS, ARIZONA</u>	DATE OF BURIAL OR REMOVAL <u>Jan. 21</u> 191 <u>9</u>		
UNDERTAKER _____	ADDRESS <u>SAINT JOHNS, ARIZONA</u>		