9900

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. 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. 133

County Registered No. 87

Local Registrar's No.

PLACE OF DEATH

County Gila

District

Town Or City Hayden

No. St.

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

FULL NAME Alice Anglin

PERSONAL AND STATISTICAL PARTICULARS

SEX ✓ | Color or Race White ✓ Indian Black Chinese Mexican | SINGLE MARRIED ✓ WIDOWED or DIVORCED

DATE OF BIRTH Sept (Month) 17 (Day) 1918 (Year)

AGE 27 yrs. 8 mos. 27 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) Safford Ariz

PARENTS
NAME OF FATHER James Morris
BIRTHPLACE OF FATHER (State or country) Missouri
MAIDEN NAME OF MOTHER unknown
BIRTHPLACE OF MOTHER (State or country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jess Anglin

(Address) Hayden Arizona

PLACE OF BURIAL OR REMOVAL Winkelman | DATE OF BURIAL OR REMOVAL Jan 16 1919

UNDERTAKER P. L. Hutton | ADDRESS Winkelman

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 14 (Day) 1919 (Year)

I hereby certify, that I attended deceased from Jan 1919 to Jan 1919; that I last saw him alive on Jan 1919, and that death occurred on the date stated above at 3 A. M. The DISEASE or INJURY causing death was as follows: Broncho Pneumonia

(Duration) yrs. mos. 5 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Influenza

(Duration) yrs. mos. days

(Signed) Charles H. Cowan

Jan 3 1919 (Address) Hayden

*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 Feb 15 1919 W. B. Nash Local Registrar

Filed Mar 7 1919 B. G. Fox County Registrar