9960

PLACE OF DEATH

County Graham

District Safford

Town or City Pima

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No.

County Registered No. 193

No. Graham Co. Hospital St. (If death occurred in a Hospital or Institution, give its name instead of street and number).

Local Registrar's No. 3

FULL NAME Aurelia Stinson Duke

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR or RACE: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: July (Month) 31 (Day) 1892 (Year)

AGE: 26 yrs. 6 mos. days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country.) Mesa, Arizona

PARENTS

NAME OF FATHER: J. P. Stinson

BIRTHPLACE OF FATHER (State or country.) Troy, Ala.

MAIDEN NAME OF MOTHER: Sarah June

BIRTHPLACE OF MOTHER (State or country.) Troy Ala.

The above is true to the best of my knowledge.

(Informant)

(Address)

Place of Burial or Removal | Date of Burial or Removal

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 31 (Day) 1919 (Year)

I hereby certify, that I attended deceased from Jan. 22 1919, to Jan. 31 1919; that I last saw her alive on Jan. 31, 1919, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing death was as follows:

Influenza complicated by pregnancy

11 days. (Duration) yrs. mos. days.

Was disease contracted in Arizona? yes.

If not, where?

CONTRIBUTORY 5 mo. pregnancy

(Duration) yrs. mos. days.

(Signed) M. E. Blevins, M. D.

191 (Address) Safford

*In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death years months days.

In Arizona years months days.

Former or Usual Residence

Filed

191

County Registrar