2195

WHITE PLAINLY, with BLACK INK. THIS IS A PERMANENT RECORD.
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. 22 C
County Registered No. 6287
Local Registrar's No. 15

PLACE OF DEATH

County Maricopa
District 3
Town Or City Mesa
No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Vera Theresa Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

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

DATE OF BIRTH: Aug 4 1897 (Month) (Day) (Year)

AGE: 21 yrs. 5 mos. 22 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): Arizona

PARENTS
NAME OF FATHER: Don Brumhall
BIRTHPLACE OF FATHER (State or country): Idaho
MAIDEN NAME OF MOTHER: Ester Glenshaw
BIRTHPLACE OF MOTHER (State or country): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Don Brumhall
(Address) Mesa

PLACE OF BURIAL OR REMOVAL: Mesa Cem
DATE OF BURIAL OR REMOVAL: Jan 27 1919
UNDERTAKER: W A Burton & Son
ADDRESS: Mesa Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 26 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 23rd 1919 to Jan 26th 1919; that I last saw her alive on Jan 26th 1919, and that death occurred on the date stated above at 4 A.M. The DISEASE or INJURY causing death was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 24 hrs days

Was disease contracted in Arizona? Yes
If not, where? .....
CONTRIBUTORY Influenza
(Duration) ..... yrs. ..... mos. 9 days

(Signed) J. B. Nelson
Jan 26th 1919 (Address) Mesa

*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 1/27 1919 Dr. J. E. Drew
Local Registrar

Filed Feb 14 1919 [illegible]
County Registrar

Nelson