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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	<u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>83</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registered No. <u>103</u>
Town	<u>Globe</u>		Local Registrar's No. _____
Or City		No. <u>Gila County Hospital</u> St. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Mrs Alice Collins</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH
<u>female</u>	<input checked="" type="checkbox"/> White <input type="checkbox"/> Indian	MARRIED	<u>July 7</u> 191 <u>9</u>
	<input type="checkbox"/> Black <input type="checkbox"/> Chinese	<input checked="" type="checkbox"/> WIDOWED	(Month) (Day) (Year)
	<input type="checkbox"/> Mexican	or DIVORCED	
DATE OF BIRTH			I hereby certify, that I attended deceased from <u>Jan</u>
	<u>Oct. 15</u> 18 <u>82</u>		191 <u>4</u> to <u>Feb 7</u> 191 <u>9</u> ; that I last saw her alive
	(Month) (Day) (Year)		on <u>Feb 6</u> 191 <u>9</u> , and that death occurred on the date
AGE	If less than 1 day---		stated above at <u>3</u> a.m. The DISEASE or INJURY causing
<u>56</u> yrs. <u>3</u> mos. <u>22</u> days	hrs., or _____ min.		Death was as follows: <u>Subacute Tuberculosis</u>
OCCUPATION			(Duration) <u>1</u> yrs. _____ mos. _____ days
(a) Trade, profession or particular kind of work	<u>at home</u>		Was disease contracted in Arizona? <u>yes</u>
(b) General nature of industry, business, or establishment in which employed or (employer)			If not, where? _____
BIRTHPLACE			CONTRIBUTORY _____
(State or country)	<u>Arkansas</u>		(Duration) _____ yrs. _____ mos. _____ days
NAME OF FATHER			(Signed) <u>B. G. Fox</u>
<u>Silas Gordon</u>			<u>Sub 9</u> 191 <u>9</u> (Address) <u>Globe</u>
BIRTHPLACE OF FATHER			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
(State or Country)	<u>Missouri</u>		LENGTH OF RESIDENCE
MAIDEN NAME OF MOTHER			At place of death <u>2</u> yrs. _____ mos. _____ ds. In Arizona <u>4</u> yrs. _____ mos. _____ ds.
<u>unknown</u>			Former or Usual Residence _____
BIRTHPLACE OF MOTHER			Filed <u>Sub 9</u> 191 <u>9</u> <u>B. G. Fox</u>
(State or Country)	<u>unknown</u>		Local Registrar
The Above Is True to the Best of My Knowledge			Filed <u>Sub 12</u> 191 <u>9</u> <u>B. G. Fox</u>
(Informant) <u>Wm J. Gordon</u>			County Registrar
(Address) <u>404 N. 1st St. Globe, Ariz.</u>			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
<u>Globe Ariz</u>	<u>Feb 9<sup>th</sup></u> 191 <u>9</u>		
UNDERTAKER	ADDRESS		
<u>F. L. Jones &amp; Son</u>	<u>Globe Ariz</u>		

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