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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.

PLACE OF DEATH

County Maricopa
District No 3
Town Mesa City
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No.

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 6648

Local Registrar's No. 73

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

FULL NAME Mrs Ruth Ann Horn

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Woman</u>	Color or Race White <u>Indian</u> Black <u>Chinese</u> Mexican	SINGLE MARRIED WIDOWED OR DIVORCED
DATE OF BIRTH <u>June 27 1880</u> (Month) (Day) (Year)		
AGE <u>38 yrs 8 mos 26 days</u> 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) <u>Housewife</u>		
BIRTHPLACE (State or country) <u>Spring Lake, Utah Co, Utah</u>		
PARENTS	NAME OF FATHER <u>Don Carlos Babbitt</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Illinois</u>	
	MAIDEN NAME OF MOTHER <u>Millie A Johnson</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Illinois</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>John M Horn</u>		
(Address) <u>Mesa</u>		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Mar 24 1919</u>	
UNDERTAKER <u>W A Cantor</u>	ADDRESS <u>Mesa</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1919
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 3-16 1919 to March 23 1919; that I last saw her alive on March 22 1919 - and that death occurred on the date stated above at 5:30 P.M. The DISEASE or INJURY causing death was as follows: Spanish Influenza

(Duration) ... yrs ... mos ... days
7 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

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

(Signed) T. B. Horn
March 23 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 3/23 1919 Dr. J. E. Drane
Local Registrar

Filed 4-15 1919 A. B. Nichols
County Registrar