

1083

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

PLACE OF DEATH
County Gila
District _____
Town _____
Or City Globe

State Index No. 60
County Registered No. 174
Local Registrar's No. _____

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

FULL NAME Edith L. Suttler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	<u>SINGLE</u> MARRIED WIDOWED or DIVORCED
DATE OF BIRTH _____ 191____ (Month) (Day) (Year)		
AGE <u>3</u> yrs. _____ mos. _____ days _____ 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) <u>Globe Ariz</u>		
NAME OF FATHER <u>Harry Suttler</u>		
BIRTHPLACE OF FATHER (State or Country) <u>unknown</u>		
MAIDEN NAME OF MOTHER <u>do</u>		
BIRTHPLACE OF MOTHER (State or Country) <u>do</u>		
The Above Is True to the Best of My Knowledge (Informant) <u>Harry Suttler</u> (Address) <u>Globe Ariz</u>		
PLACE OF BURIAL OR REMOVAL <u>Fort Sherman Ariz</u>	DATE OF BURIAL OR REMOVAL <u>May 2nd 1919</u>	
UNDERTAKER <u>J. H. Jones & Son</u>	ADDRESS <u>Globe Ariz</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1919
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw h. _____ alive on _____ 191____, and that death occurred on the date stated above at 7:50 P.M. The DISEASE or INJURY causing Death was as follows:
Ischemic intertia
no physician
(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? _____
If not, where? _____

CONTRIBUTORY Always sick
(Duration) _____ yrs. _____ mos. _____ days
(Signed) B. G. Jett M.D.
_____ 191____ (Address) Health Officer

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

LENGTH OF RESIDENCE
At place of death: yrs. 3 mos. _____ ds. In Arizona: yrs. 3 mos. _____ ds.
Former or Usual Residence Globe

Filed May 2 1919 B. G. Jett
Local Registrar

Filed June 5 1919 B. G. Jett
County Registrar