[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 273

County Registered No. 934

Local Registrar's No. _____

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: Pinal

District: _____

Town Or City: Sonora

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

FULL NAME: Lily E. Etcourry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

SINGLE / MARRIED / WIDOWED / or DIVORCED

DATE OF BIRTH: June 12th 1909 (Month) (Day) (Year)

AGE: ___ yrs. 1 mos. 25 days | 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): _____

BIRTHPLACE (State or country): Sonora Ariz

PARENTS

NAME OF FATHER: Elias Etcourry

BIRTHPLACE OF FATHER (State or Country): Syria

MAIDEN NAME OF MOTHER: Margarita John

BIRTHPLACE OF MOTHER (State or Country): Syria

The Above Is True to the Best of My Knowledge
(Informant): E. Etcourry
(Address): Sonora Ariz

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL OR REMOVAL ___ 191___

UNDERTAKER | ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augt 7 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 8-6 1919 to 8-7 1919; that I last saw h. alive on 8-7 1919, and that death occurred on the date stated above at 4 P.M. The DISEASE or INJURY causing Death was as follows:

Gastroenteritis

(Duration) ___ yrs. ___ mos. 2 days

Was disease contracted in Arizona? Yes

If not, where? _____

CONTRIBUTORY _____

(Duration) ___ yrs. ___ mos. ___ days

(Signed) G. J. Valenzuela

8-7 1919 (Address) Sonora Ariz

*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. ___ mos. ___ ds. In Arizona ___ yrs. ___ mos. ___ ds.

Former or Usual Residence _____

Filed 8/10 1919 B. H. Colvin
Local Registrar

Filed Nov 25 1919 W. G. Randell
County Registrar