1523

330

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. ~~730~~

County Registered No. 8071

Local Registrar's - No. 38

PLACE OF DEATH

County Maricopa

District No 3

Town Or City Chandler

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Clarisa Ann Riggs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

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

DATE OF BIRTH: Mar 10 1856 (Month) (Day) (Year)

AGE: 63 yrs. 11 mos. 13 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): 36

BIRTHPLACE (State or Country): Utah

PARENTS

NAME OF FATHER: Alma Millett

BIRTHPLACE OF FATHER (State or Country): Ohio

MAIDEN NAME OF MOTHER: Harriett Beal

BIRTHPUACE OF MOTHER (State or country): Ohio

The Above is True to the Best of My Knowledge

(Informant) John Riggs

(Address) Mesa

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa Cemetary

DATE OF BURIAL OR ~~REMOVAL~~: Feb 25 1920

UNDERTAKER: G Burton & Sons

ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 23, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from Nov 5 1919 to Feb 23 1920; that I last saw her alive on 1-17 1920, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing death was as follows: Gangrene of foot and leg, General arteriosclerosis.

(Duration) about 2 yrs. ..... mos ..... days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

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

(Signed) H. I. McNeill M.D.

2-24 1920 (Address) Mesa 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 38 yrs. ..... mos. ..... ds. In Ariz. 38 yrs. ..... mos. ..... ds.

Former or Usual Residence Utah

Filed 2/24/1920 Dr. J. E. Drane, Local Registrar.

Filed 3-12 1920 [illegible], County Registrar.

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 this information [illegible] will be returned for correction.