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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 820

PLACE OF DEATH
County Navajo
District Lake Side
Town
Or City Pinedrop

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 26
Local Registrar's No. 2

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

FULL NAME Nettie Perrod Gillispie

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female
Color or Race White
SINGLE MARRIED
WIDOWED
or DIVORCED
DATE OF BIRTH April 26 1901
(Month) (Day) (Year)

DATE OF DEATH February 26 1920
(Month) (Day) (Year)

AGE 18 yrs. 10 mos. 0 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)

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 ... M. The DISEASE or INJURY causing Death was as follows: Premature Child Birth

BIRTHPLACE (State or country) Arizona

(Duration) ... yrs. ... mos. ... days
Was disease contracted in Arizona? 77

NAME OF FATHER Liola Perrod

If not, where? CONTRIBUTORY Spanish Influenza

BIRTHPLACE OF FATHER (State or country) Utah

(Duration) ... yrs. ... mos. ... days
(Signed) John L. Fish

MAIDEN NAME OF MOTHER Martha Parker

(Address) Lake Side Ariz

BIRTHPLACE OF MOTHER (State or country) Idaho

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

The Above Is True to the Best of My Knowledge (Informant) John L. Fish (Address) _____

LENGTH OF RESIDENCE At place of death... yrs. / mos. / ds. In Arizona 17 yrs. / mos. / ds. Former or Usual Residence Verona Ariz

PLACE OF BURIAL OR REMOVAL Pinedrop Ariz DATE OF BURIAL OR REMOVAL Feb. 27 1920

Filed 4/29/1920 John L. Fish Local Registrar.

UNDERTAKER ADDRESS

Filed 4/29/1920 Geo. Chapman 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 to secure this information. Incorrect certificates will be returned for correction.