2493

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 418
County Registered No. 5-3
Local Registrar's No. 36

PLACE OF DEATH
County Graham
District Safford
Town Or City Thatcher
No. _____ St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Selina L. Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

Color or Race: ✓ White, Indian, Black, Chinese, Mexican

SINGLE, ✓ MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Aug 15 (Month) (Day) 1867 (Year)

AGE: 52 yrs. 7 mos. 18 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): 9

BIRTHPLACE (State or country): Nevada

PARENTS
NAME OF FATHER: Christopher Layton
BIRTHPLACE OF FATHER (State or Country): England.
MAIDEN NAME OF MOTHER: Caroline Cooper Layton
BIRTHPLACE OF MOTHER (State or Country): England.

The Above Is True to the Best of My Knowledge
(Informant) Mrs. Pratt Pace
(Address) Thatcher Arizona

PLACE OF BURIAL OR REMOVAL: Thatcher
DATE OF BURIAL OR REMOVAL: Arizona 191__

UNDERTAKER: Friends and neighbors.
ADDRESS:

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 (Month) (Day) 1920 (Year)

I hereby certify, that I attended deceased from 4/2 1920 to 4/3 1920; that I last saw h— alive on 4/3 1920, and that death occurred on the date stated above at — M. The DISEASE or INJURY causing Death was as follows: Influenza

(Duration) — yrs. — mos. 10 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY —

(Duration) — yrs. — mos. — days

(Signed) H. E. Platt

191__ (Address)

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

LENGTH OF RESIDENCE
At place of death 32 yrs. — mos. — ds. In Arizona 32 yrs. — mos. — ds.
Former or ~~Usual Residence~~ Utah.

Filed 7-5 1920 Alma Burns, Local Registrar

Filed 7-10 1920 J. H. Stratton, County Registrar