

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 <u>Gila</u> District _____ Town _____ Or City <u>Hayden</u>		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State Index No. <u>82</u> County Registered No. <u>356</u> Local Registrar's No. <u>41</u>	
ORIGINAL CERTIFICATE OF DEATH No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Christy Maxine Merrill</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u> DATE OF BIRTH <u>Nov 27 1919</u> AGE <u>1</u> yrs. <u>8</u> mos. <u>16</u> days OCCUPATION <u>None</u> BIRTHPLACE <u>Hayden Ariz.</u>	Color or Race <u>White Indian</u> SINGLE <u>MARRIED</u> WIDOWED OR DIVORCED If less than 1 day _____ hrs., or _____ min.	DATE OF DEATH <u>Dec 13 1920</u> (Month) (Day) (Year) I hereby certify, that I attended deceased from <u>Dec 13 1920</u> to <u>Dec 13 1920</u> ; that I last saw him alive on <u>Dec 13 1920</u> , and that death occurred on the date stated above at <u>9:00 A.M.</u> The DISEASE or INJURY causing death was as follows:	<u>Gastro-Enteritis of</u> <u>Influenzal origin</u> (Duration) _____ yrs. _____ mos. _____ days Was disease contracted in Arizona? <u>yes</u> If not, where? _____ CONTRIBUTORY <u>Influenza</u> (Duration) _____ yrs. _____ mos. _____ days (Signed) <u>W. G. Carson</u> <u>Dec 13 1920</u> (Address) <u>Hayden Ariz.</u>
PARENTS NAME OF FATHER <u>Edgar Merrill</u> BIRTHPLACE OF FATHER <u>Cochise Ariz.</u> MAIDEN NAME OF MOTHER <u>Pearl Smith</u> BIRTHPLACE OF MOTHER <u>Graham Ariz.</u>		*In deaths 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 <u>Dec 13 1920</u> <u>W. G. Carson</u> Local Registrar Filed <u>Jan 8 1921</u> <u>B. G. Fox</u> County Registrar	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ed Merrill</u> (Address) <u>Hayden Ariz.</u>			
PLACE OF BURIAL OR REMOVAL <u>Winkelmann</u> UNDERTAKER <u>P. G. Hutton</u>	DATE OF BURIAL OR REMOVAL <u>Dec 14 1920</u> ADDRESS <u>Winkelmann</u>		