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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 323

County Registered No. 96

Local Registrar's No. 5

PLACE OF DEATH

County Navajo

District Town Or City Pinedale

No. ..... St.

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

FULL NAME Helen Verl Kay

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICANS 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

X SINGLE, MARRIED, WIDOWED, or DIVORCED

DATE OF BIRTH: Mar. 30 1920 (Month) (Day) (Year)

AGE: ..... yrs. 8 mos 7 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) Taylor Arizona

PARENTS

NAME OF FATHER: Orson Pratt Kay

BIRTHPLACE OF FATHER (State or country): Taylor Arizona

MAIDEN NAME OF MOTHER: Helen K. Rogers

BIRTHPLACE OF MOTHER (State or country): Monte Vista Colo.

The Above Is True to the Best of My Knowledge

(Informant) Orson K.

(Address) Clay Springs Ariz.

PLACE OF ~~BURIAL~~ OR REMOVAL: Taylor

DATE OF ~~BURIAL~~ OR REMOVAL: Dec 6 1920

UNDERTAKER: Henry Webb

ADDRESS: Pinedale Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6, 1920 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 4 1920 to Dec 6 1920; that I last saw her alive on Dec 6 1920, and that death occurred on the date stated above at 4:00 M. The DISEASE or INJURY causing Death was as follows: Acute inflamation of the bowels

..... (Duration) ..... yrs. ..... mos. 6 days

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY .....

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

(Signed) Lottie M. Webb

Dec 6 1920 (Address) Pinedale

*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 2 mos ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence Taylor

Filed Dec 6 1920 Lottie M. Webb
Local Registrar.

Filed Jan 1st 1921 [illegible]
County Registrar.