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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 85

County Registered No. 10

Local Registrar's No. 10

ORIGINAL CERTIFICATE OF DEATH

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 possible to secure this information. Incorrect certificates will be returned for correction.

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 Caroline Louisa Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX F

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

~~SINGLE~~, ~~MARRIED~~, WIDOWED, or ~~DIVORCED~~ Widowed

DATE OF BIRTH 2-20-1838 (Month) (Day) (Year)

AGE 82 yrs. 10 mos 12 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed or (employer) None

BIRTHPLACE (State or country) New York

PARENTS
NAME OF FATHER Horace Wild
BIRTHPLACE OF FATHER (State or country) New York
MAIDEN NAME OF MOTHER Sarah Faulburn
BIRTHPLACE OF MOTHER (State or country) New York

The Above Is True to the Best of My Knowledge
(Informant) Hettie Merrill
(Address) Bisbee Ariz.

PLACE OF BURIAL OR REMOVAL Thatcher

DATE OF BURIAL OR REMOVAL Jan 5 1921

UNDERTAKER W. C. Rawson

ADDRESS Safford

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 2, 1921 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 12-25 1920 to 1-2 1921; that I last saw ~~her~~ alive on 1-2 1921, and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: Bronchopneumonia.

Chronic Nephritis,

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY Nephritis

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

(Signed) J. W. Morris

1-3 1921 (Address) Pima

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

Former or Usual Residence .....

Filed 2-5 1921 Alma Burns
Local Registrar.

Filed 2-10 1921 J. M. Stratton
County Registrar.