[redacted]

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 52

County Registered No. 11

Local Registrar's No. 11

PLACE OF DEATH

County Graham

District

Town Or City Pima

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

FULL NAME Mettie Marie Campbell

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

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

SINGLE single; MARRIED; WIDOWED; or DIVORCED

DATE OF BIRTH August (Month) 12 (Day) 1904 (Year)

AGE 16 yrs. 5 mos 11 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) /P

BIRTHPLACE (State or country) Duncan Ariz

PARENTS

NAME OF FATHER David F. Campbell Sr.

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Georgiana Stevens

BIRTHPLACE OF MOTHER (State or country) Idaho

The Above Is True to the Best of My Knowledge

(Informant) Mr. & Mrs Dave Campbell

(Address) Pima Ariz

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL
union Cemetery Safford	Jan 24 1921
UNDERTAKER	ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23rd (Month) (Day), 1921 (Year)

I hereby certify, that I attended deceased from Jan 2 1921 to Jan 23 1921; that I last saw her alive on 1-23 1921, and that death occurred on the date stated above at 1030 A.M. The DISEASE or INJURY causing Death was as follows: Chronic Valvular Disease, Mitral stenosis

(Duration) 2 yrs. 6 mos. days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY Influenza

(Duration) yrs. mos. days

(Signed) J. V. Morris

1921 (Address) Pima

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

LENGTH OF RESIDENCE 16, 5, 11

At place of death yrs. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence Duncan Ariz

Filed 3-5-1921 Alma Morris. Local Registrar.

Filed 3-10 1921 J. H. Stratton County Registrar.