752

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that 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 Maricopa
District 4
Town Or City Glendale

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 221
County Registrar's No. 126
Local Registrar's - No. 14

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

FULL NAME Myrtle Colton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

Color or Race White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Dec 14 1886 (Month) (Day) (Year)

AGE 34 yrs. 1 mos. 1 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)

BIRTHPLACE (State or Country) Tex 30

PARENTS
NAME OF FATHER J. S. Foster
BIRTHPLACE OF FATHER (State or Country) Ala
MAIDEN NAME OF MOTHER Ellen Vinyard
BIRTHPLACE OF MOTHER (State or Country) Tex

The Above is True to the Best of My Knowledge.
(Informant) J C Colton
(Address) Glendale

PLACE OF BURIAL OR REMOVAL Glendale Cem
DATE OF BURIAL OR REMOVAL Jan 16 1921
UNDERTAKER
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1921 (Month) (Day) (Year)

I hereby certify that I attended deceased from DEC 19 1920, to Jan 15 1921; that I last saw her alive on Jan 15 1921, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing death was as follows: Eclampsia (following Child Birth.)

(Duration) ..... yrs. ..... mos. 1 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

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

(Signed) H A Burnum
Jan 16 1921 (Address) Glendale

*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE
At place of death ..... yrs. 3 mos. ..... ds. In Ariz. 2 yrs. ..... mos. ..... ds.
Former or Usual Residence Tex

Filed Jan 16 1921 H. T. Patterson
Local Registrar.

Filed 2-10 1921 Dr. Grant S. Monical
County Registrar.