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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 Yavapai Co.
 District Sandy
 Town
 Or City

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index . . . No. 358
 County Registered No. 72
 Local Registrar's - No. 72

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Daisy Muehler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Sept 1881</u> (Month) (Day) (Year)	AGE <u>40</u> yrs. mos. days hrs., or min. If less than 1 day	
OCCUPATION (a) Trade, profession or particular kind of work <u>wife</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or Country) <u>Texas</u>		
NAME OF FATHER <u>John</u>		
BIRTHPLACE OF FATHER (State or Country) <u>Texas</u>		
MAIDEN NAME OF MOTHER <u>Clara</u>		
BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1921
 (Month - (Day) (Year))

I hereby certify that I attended deceased from
 19. to 19.; that I last saw h. alive
 on 19., and that death occurred on the date
 stated above at M. The DISEASE or INJURY causing
 death was as follows:
 (Duration) yrs. mos. days
 Was disease contracted in Arizona?
 If not, where?
 CONTRIBUTORY
 (Duration) yrs. mos. days
 (Signed)
 19. (Address)
 *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 Ariz. yrs. mos. ds.
 Former or Usual Residence
 Filed Mar 17th 21 J.W. Smith
 Local Registrar.
 Filed 19.
 County Registrar.

The Above is True to the Best of My Knowledge
 (Informant) Clara Muehler
 (Address) Yavapai Co.

PLACE OF BURIAL OR REMOVAL Sandy DATE OF BURIAL OR REMOVAL 29 Jan 1921

UNDERLYING ADDRESS Yavapai Co.

See letter (over)