1886

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, properly classified. If any item can not be obtained, insert word "unknown". Make every to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Graham

District Pima

Town

Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 108a

County Registered No. 3-5-

Local Registrar's - No. 3-5-

No. ..... St.

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

FULL NAME Josephine Preston Allred

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: April 15 19.... (Month) (Day) (Year)

AGE: 6 yrs. 11 mos. 8 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) Pima Ariz. 3

PARENTS
NAME OF FATHER: Millard Preston
BIRTHPLACE OF FATHER (State or Country): Minnesota
MAIDEN NAME OF MOTHER: Bertha Rogers
BIRTHPUACE OF MOTHER (State or country): Pima Ariz.

The Above is True to the Best of My Knowledge
(Informant) Ford Allred
(Address) Pima Ariz

PLACE OF BURIAL OR REMOVAL: Pima

DATE OF BURIAL OR REMOVAL: April 8 1921

UNDERTAKER

ADDRESS: Pima Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 6. 1921 (Month (Day) (Year))

I hereby certify that I attended deceased from Feb 10 1921 to Mar 6. 1921; that I last saw her alive on Mar 6 1921, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing death was as follows:

Puerperal Sepsis

..... (Duration)) ..... yrs. ..... mos 30 days

Was disease contracted in Arizona? Yes.

If not, where?

CONTRIBUTORY Confinement Feb 4.

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

(Signed) D. Scott Stoneck

July 1, 1921 (Address) Safford

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 8-5 1921 Alma Burns, Local Registrar.

Filed 8-9 1921 J. N. Stratton, County Registrar.