1762

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

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 Maricopa

District

Town Or City Phoenix

ARIZONA STATE BOARD OF HEALTH 181

BUREAU OF VITAL STATISTICS

State Index - - No. 452

County Registrar's No.

Local Registrar's - No. 10090

ORIGINAL CERTIFICATE OF DEATH

No. 4 Mi. S. E. of town St.

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

FULL NAME Indiana Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White (circled) Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED (circled) or DIVORCED

DATE OF BIRTH: March (Month) 8 (Day) 192 (Year)

AGE: 73 yrs. mos. days — If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or Country): Alabama

PARENTS
NAME OF FATHER: Dunagan
BIRTHPLACE OF FATHER (State or Country): Alabama
MAIDEN NAME OF MOTHER: Woods.
BIRTHPLACE OF MOTHER (State or Country): Alabama.

The Above is True to the Best of My Knowledge.

(Informant) H. L. Brooks

(Address)

PLACE OF BURIAL OR REMOVAL: Duncan, Ariz

DATE OF BURIAL OR REMOVAL: Mar. 11 1921

UNDERTAKER: A. L. Moore & Son

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1921 (Year)

I hereby certify that I attended deceased from March 1921, to 192; that I last saw h alive on 192, and that death occurred on the date stated above at M. The DISEASE or INJURY causing death was as follows:

Angina Pectoris

(Duration) yrs. mos. days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY Age

(Duration) yrs. mos. days

(Signed) Coit I. Hughes

192 (Address)

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

LENGTH OF RESIDENCE

At place of death 1 yrs. 1 mos. ds. In Ariz 35 yrs. mos. ds.

Former or Usual Residence Texas

Filed Mar. 11 1921 H. K. Beauchamp

Local Registrar.

Filed 3/30/21 192

GRANT S. MONICAL, M. D.

County Registrar.