1932

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 336

County Navajo

District Lakeside

Town or City Lakeside No. ..... St. Local Registrar's No. 2

County Registrar No. 10

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

FULL NAME Emily Jemison Fuller Hansen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE MARRIED ✓ WIDOWED or DIVORCED

DATE OF BIRTH: September 29, 1866 (Month) (Day) (Year)

AGE: 54 yrs. 5 mos. 22 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): Utah

PARENTS

NAME OF FATHER: Cornelius Fuller

BIRTHPLACE OF FATHER (State or country): United States

MAIDEN NAME OF MOTHER: Anna Elizabeth Lewis

BIRTHPLACE OF MOTHER (State or country): United States

The above is true to the best of my knowledge.

(Informant) Frances H. Gardner,

(Address) Lakeside, Arizona.

Place of Burial or Removal	Date of Burial or Removal
Lakeside	Mar. 23, 1921
Undertaker	**Address**

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day), 1921 (Year)

I hereby certify, that I attended deceased from Jan. 22 1921, to Mar. 22, 1921; that I last saw he alive on Mar. 22, 1921, and that death occurred on the date stated above at 9. A. M. The DISEASE or INJURY causing death was as follows: from Impaction of the Lower Bowel and complications.

(Duration) yrs. 2 mos. days

Was disease contracted in Arizona? Yes.

If not, where? —

CONTRIBUTORY —

(Duration) yrs. mos. days

(Signed) Fred Loe - M.D., M. D.

March 23, 1921 (Address) Lakeside Ariz.

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death 14 years 11 months days

In Arizona 41 years months days

Former or Usual Residence Utah

Filed April 5, 1921 John L. Fish
Local Registrar.

A True Copy

Filed April 7, 1921 [illegible]
County Registrar.