2331

PLACE OF DEATH

ARIZONA STATE ORIGINAL

PLACE OF DEATH

County Maricopa

District

Town or City Phoenix No. St. Joseph Hospital St.

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 816

County Registrar No. 906

Local Registrar's No. 10275

FULL NAME Edith R. Minnia Currier,

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: *White, Black, Mexican, Indian, Chinese

SINGLE, *MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: June 10th. 1881 (Month) (Day) (Year)

AGE: 39 yrs. mos. 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): Texas

PARENTS

NAME OF FATHER: Chas. W. Griffith,

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: West

BIRTHPLACE OF MOTHER (State or country): Missouri

The above is true to the best of my knowledge.

(Informant)

(Address)

Place of Burial or Removal: Greenwood Cemetery, Date of Burial or Removal: 4-25-21 19

Undertaker: Address

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20th. 1921. (Month) (Day) (Year)

I hereby certify, that I attended deceased from April 17 1921, to April, 19; that I last saw her alive on April 20, 1921, and that death occurred on the date stated above at 6 P. M. The DISEASE or INJURY causing death was as follows: Acute Uraemia

(Duration) yrs. mos. 4 days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) Arthur E. Thomas, M. D.

April 22, 1921 (Address) 606 Heard Bldg Phoenix

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

LENGTH OF RESIDENCE

At place of death years months 1 days

In Arizona years 8 months days

Former or Usual Residence 1225 E. Fillmore

Filed April 23, 1921 [signature] Local Registrar.

A True Copy

Filed May 17, 1921

FILL BLANKS. FILL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should be careful to secure CAUSE OF DEATH in plain terms, if obtainable. If any item cannot be obtained, insert the word "unknown." Make every effort properly classified. Incorrect certificates will be returned for correction.