

5 18

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index **101**
County Registered No. **76**
Local Registrar's No. _____

PLACE OF DEATH
County Graham
District Sunset Crty
Town _____
Or City _____

ORIGINAL CERTIFICATE OF DEATH

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Samie Margaret Wear

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	SINGLE MARRIED <u>Infant</u> WIDOWED or DIVORCED	DATE OF DEATH <u>Aug 23 1921</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>April 17 1918</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from _____ 191_____ to _____ 191_____; that I last saw h_____ alive on _____ 191_____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing death was as follows: <u>Trans. History</u> <u>obtained a few minutes</u> <u>after death cause of death</u> <u>Postmortem</u> (Duration) _____ yrs. _____ mos. _____ days		
AGE <u>3 yrs. 4 mos. 6 days</u> If less than 1 day _____ hrs. or _____ min.			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer) <u>Infant</u>			CONTRIBUTOR <u>Improper food</u> (Duration) _____ yrs. _____ mos. _____ days		
BIRTHPLACE (State or country) <u>Ariz</u>			(Signed) <u>J. C. Wilson</u> <u>Sept 24 1921</u> (Address) <u>Willetta Ariz</u>		
PARENTS NAME OF FATHER <u>William W. Wear</u>			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF FATHER (State or country) <u>Texas</u>			LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
MAIDEN NAME OF MOTHER <u>Bessie Simpson</u>			Former or Usual Residence _____		
BIRTHPLACE OF MOTHER (State or country) <u>Oklahoma</u>			Filed <u>Sept 2 1921</u> <u>J. C. Wilson</u> Local Registrar		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>William W. Wear</u>			Filed <u>10-10-21</u> <u>J. N. Stratton</u> County Registrar		
(Address) _____					
PLACE OF BURIAL OR REMOVAL <u>Sunset Crty</u>		DATE OF BURIAL OR REMOVAL <u>Aug 24 1921</u>			
UNDERTAKER <u>U</u>		ADDRESS <u>U</u>			