525

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 108

County Registered No. 88

Local Registrar's No.

PLACE OF DEATH

County Greenlee

District

Town Or City Metcalf

No. St.

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

FULL NAME Anna Elizabeth Bingham

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

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

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

DATE OF BIRTH June (Month) 19 (Day) 1917 (Year)

AGE 4 yrs. 1 mos. 29 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) Metcalf Ariz

PARENTS

NAME OF FATHER H. T. Bingham

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Sarah M. Beals

BIRTHPLACE OF MOTHER (State or country) Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. T. Bingham

(Address) Metcalf

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL ... 191...

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 17 (Day) 1921 (Year)

I hereby certify, that I attended deceased from Aug 15 1921 to Aug 17 1921; that I last saw her alive on 8-17 1921, and that death occurred on the date stated above at 7.30 P.M. The DISEASE or INJURY causing death was as follows: Ilio-colitis acute intoxication

(Duration) ... yrs. ... mos. ... days 3/2

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

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

(Signed) W. S. Jones MD

8-24 1921 (Address) Metcalf 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 ... yrs. ... mos. ... ds. In Arizona ... yrs. ... mos. ... ds.

Former or Usual Residence

Filed Sept 12 1921 H. T. Bingham Local Registrar

Filed 9/15 1921 Lau Brett County Registrar