1671

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

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 70
County Registered No. 89
Local Registrar's - No. 89

PLACE OF DEATH
County Graham
District Ashurst
Town Or City Ashurst

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

FULL NAME Opal Ellen Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
Color or Race: White ✓ ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~
SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: Mar 9 1912 (Month) (Day) (Year)

AGE: 9 yrs. 8 mos. 14 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed or (employer): —

BIRTHPLACE (State or Country): Thatcher, Ariz

PARENTS
NAME OF FATHER: Jesse L. Green
BIRTHPLACE OF FATHER (State or Country): Virginia
MAIDEN NAME OF MOTHER: Bertha Morris
BIRTHPUACE OF MOTHER (State or country): Utah

The Above is True to the Best of My Knowledge
(Informant) William O Tyler
(Address) Fr Thomas Ariz

PLACE OF BURIAL OR REMOVAL: Ashurst
DATE OF BURIAL OR REMOVAL: 11/24 1921
UNDERTAKER
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov - 21 - 1921 (Month) (Day) (Year)

I hereby certify that I attended deceased from 11-20 1921 to 11-22 1921; that I last saw her alive on 11-22 1921, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing death was as follows: Dembel Pneumonia.

(Duration)) ..... yrs. ..... mos ..... days 4

Was disease contracted in Arizona? Yes

If not, where? —

CONTRIBUTORY —

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

(Signed) J. W. Morris
11-21 1921 (Address) Pima.

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

LENGTH OF RESIDENCE
At place of death 9 yrs. 8 mos. 14 ds. In Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed 12-5 1921 Alma Burns, Local Registrar.

Filed 12/6 1921 J. N. Strattron County Registrar.