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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 2[illegible]

County Registered No. 91

Local Registrar's No. 3

PLACE OF DEATH

County Navajo

District

Town Or City Lincoln

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

FULL NAME Laura Rosette Boon Thornton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

~~SINGLE~~, MARRIED ✗, ~~WIDOWED~~, or ~~DIVORCED~~

DATE OF BIRTH Dec 8 1877 (Month) (Day) (Year)

AGE 43 yrs. 11 mos 19 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) Housewife

BIRTHPLACE (State or country) Labette Kansas

PARENTS
NAME OF FATHER Joseph Boon
BIRTHPLACE OF FATHER (State or country) Ill.
MAIDEN NAME OF MOTHER Sarah E. Haggard
BIRTHPLACE OF MOTHER (State or country) Labette Co

The Above Is True to the Best of My Knowledge
(Informant) W. L. Thornton
(Address) Lincoln Ariz

PLACE OF BURIAL OR REMOVAL: Snowflake
DATE OF BURIAL OR REMOVAL: Nov 29 1921
UNDERTAKER
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27, 1921 (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: Typhoid

(Duration) three weeks yrs. mos. days

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY —

(Duration) ..... yrs. ..... mos. 15 days

(Signed) Wm Gardner

Nov 29 1921 (Address) Lincoln Ariz

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 7 yrs. 7 mos. ds. In Arizona 7 yrs. 7 mos. ds.

Former or Usual Residence Oklahoma

Filed Nov 29 1921 Lucy Gardner
Local Registrar.

Filed Dec 5 1921 [illegible]
County Registrar.

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICANS 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.