

2803

PLACE OF DEATH

County Graham  
District  
Town  
Or City

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State Index - - No. 718  
County Registered No. 12  
Local Registrar's No. 12

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Kaillon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian SINGLE X  
MARRIED  
Black Chinese WIDOWED  
Mexican or DIVORCED  
DATE OF BIRTH Feb. 2 11 1922  
(Month) (Day) (Year)  
AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) Adhurst

NAME OF FATHER J.R. Kaillon

BIRTHPLACE OF FATHER (State or country) Tenn

MAIDEN NAME OF MOTHER Emma Carpenter

BIRTHPLACE OF MOTHER (State or country) Ariz.

The Above is True to the Best of My Knowledge  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL  
\_\_\_\_\_ 19\_\_\_\_

UNDERTAKER ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 11 1922  
(Month) (Day) (Year)

I hereby certify that I attended deceased from 6:30 PM  
1922 to \_\_\_\_\_ 1922.; that I last saw her alive  
on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date

stated above at 9:30 AM. The DISEASE or INJURY causing  
death was as follows: Pneumonia with  
Rupture of Aorta

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Was disease contracted in Arizona? \_\_\_\_\_

If not, where? \_\_\_\_\_

CONTRIBUTORY Placental Preming  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) J. M. Morris  
Feb 11 1922 (Address) \_\_\_\_\_

\*In death 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 Ariz. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence \_\_\_\_\_  
Filed 3-5 1922

Filed 3/10 1922 Alma Burns  
Local Registrar.  
J. N. Kaillon  
County Registrar.

UNDERTAKER AND REGISTRARS AND REGISTRATION DISTRICTS  
This certificate is NOT to be transmitted with the body of any person removed from one registration district to another, or to any other registration district, without the written consent of the Registrar of the district from which removed. Incorrect certificates will be returned for correction.  
File 11 1922