2842

ORIGINAL

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 100

County Registrar No. 190

St. Local Registrar's No. 8

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Maricopa

District No 2

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

FULL NAME Mary Elizabeth Jacoby

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White, Black, Mexican, Indian, Chinese

SINGLE, MARRIED, WIDOWED or DIVORCED: —

DATE OF BIRTH: May 2 (Month) 1920 (Day) (Year)

AGE: 1 yrs. 7 mos. 4 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): H a

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: Walter Antone Jacoby

BIRTHPLACE OF FATHER (State or country): Texas

MAIDEN NAME OF MOTHER: Jenn Karlinne Lapp

BIRTHPLACE OF MOTHER (State or country): Texas

The above is true to the best of my knowledge.

(Informant) Walter A Jacoby

(Address) Tempe Ariz

Place of Burial or Removal	Date of Burial or Removal
Tempe	Feby 6 1922
Undertaker	**Address**
Price Wickersham	Tempe Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 6 (Day), 22 (Year)

I hereby certify, that I attended deceased from Jan 22 19 22, to Feby 5, 19 22, that I last saw h— alive on Feby 5, 19 22, and that death occurred on the date stated above at 10 M. The DISEASE or INJURY causing death was as follows: Influenza + pneumonia contributory

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

Was disease contracted in Arizona? yes

If not, where? —

CONTRIBUTORY

(Duration) ..... yrs. ..... mos. 21 days

(Signed) B B Moore, M. D.

Feby 6, 1922 (Address) Tempe 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 1 years 7 months 4 days

In Arizona 1 years 7 months 4 days

Former or Usual Residence .....

Filed 2-6, 1922 B B Moore, Local Registrar.

A True Copy

Filed 2-10, 1922, County Registrar.