14

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.

PLACE OF DEATH

County Apache

District St Johns

Town Or City St Johns

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 6

County Registered No. 12

Local Registrar's No. 3

ORIGINAL CERTIFICATE OF DEATH

No. ..... St.

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

FULL NAME Elizabeth R Patterson

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

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

SINGLE / MARRIED ✓ / WIDOWED or DIVORCED

DATE OF BIRTH: Oct (Month) 2 (Day) 1860 (Year)

AGE: 61 yrs. ..... mos. ..... days

If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Keeper
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Utah / 4

PARENTS

NAME OF FATHER: Mapstead Reucher

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER: Elizabeth Philpot

BIRTHPLACE OF MOTHER (State or country): N.C. 3

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W B Reucher

(Address) St Johns Ariz

PLACE OF BURIAL OR REMOVAL: St Johns Ariz

DATE OF BURIAL OR REMOVAL: Mar 13 1922

UNDERTAKER: H C Overson

ADDRESS: St Johns

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 12 (Day) 1922 (Year)

I hereby certify, that I attended deceased from 1920 1920 to Mar 12 1922; that I last saw her alive on Mar 12 1922, and that death occurred on the date stated above at 5 P.M. The DISEASE or INJURY causing Death was as follows:

Cancer of Liver = Apparently Primary

(Duration) 1 yrs. 6 mos. ..... days

Was disease contracted in Arizona? yes

If not, where? —

CONTRIBUTORY

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

(Signed) G. J. Bowden MD

191 (Address) St Johns 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 38 yrs. ..... mos. ..... ds. In Arizona 38 yrs. ..... mos. ..... ds.

Former or Usual Residence Utah

Filed 4/10 1922 Martin Jensen
Local Registrar

Filed 4/10 191 G. J. Bowden
County Registrar