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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 208
County Registrar's No. 710
Local Registrar's - No.

PLACE OF DEATH

1. County Cochise
District Douglas
Town or City Douglas No. ..., Calumet Hospital St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Minnie Bell Speer
(a) Residence. No. 1050 - 12 St. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joe Ed. Speer

6. DATE OF BIRTH (month, day and year)

7. AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
44	6	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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9. BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10. NAME OF FATHER John Baker
11. BIRTHPLACE OF FATHER (city or town) (State or country) Not Known
12. MAIDEN NAME OF MOTHER Elsibeth Deshas
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14. Informant (Address) Joe Ed Speer 1050 - 12 St

15. Filed 4/22, 1922 [signature] Registrar
V. S. No. 1 578-22

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) April 21, 1922

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1922 to April 21, 1922, that I last saw her alive on April 21, 1922, and that death occurred, on the date stated above, at 12:30 a.m.
The CAUSE OF DEATH* was as follows:
Post operative shock - (operation sigmoidectomy)

5 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of sigmoid
..... (duration) ..... yrs. 8 mos. ..... ds.

18. Where was disease contracted if not at place of death? #
Did an operation precede death? Yes Date of April 20
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) E. W. Adamson, M. D.
4/22 1922 (Address) Douglas Arizona

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Calvary Cemetery
DATE OF BURIAL: April 22 1922

20. UNDERTAKER: Ames - Dugan
ADDRESS: Douglas