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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Graham

District Town Or City Safford Ariz.

State Index - - No. 91

County Registered No. 35

Local Registrar's - No. 35

No. ..... St.

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

FULL NAME Ida Luella Welker Bingham.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: 8 (Month) 2 (Day) 1880 (Year)

AGE: 41 yrs. 8 mos. 7 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed or (employer): 131

BIRTHPLACE (State or Country): Bloomington Ida

PARENTS

NAME OF FATHER: Adam Welker

BIRTHPLACE OF FATHER (State or Country): Iowa.

MAIDEN NAME OF MOTHER: Agnes Dock.

BIRTHPUACE OF MOTHER (State or country): Scotland.

The Above is True to the Best of My Knowledge

(Informant) Elmer Welker

(Address) Safford Ariz.

PLACE OF BURIAL OR REMOVAL: Safford Ariz

DATE OF BURIAL OR REMOVAL: April 10 1922

UNDERTAKER: W. E. Rawson

ADDRESS: Safford

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 9, 1922 (Month) (Day) (Year)

I hereby certify that I attended deceased from Apr. 8. 22 1922 to Apr. 9. 1922, that I last saw her alive on Apr. 9 1922, and that death occurred on the date stated above at 6 a M. The DISEASE or INJURY causing death was as follows:

Diabetes Mellitus.

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

Was disease contracted in Arizona? Yes

If not, where? —

CONTRIBUTORY: None

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

(Signed) D Scott Schenck

Apr 9 1922 (Address) Safford

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 35 yrs. ..... mos. ..... ds. In Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence Ida.

Filed 5 - 5 1922 Alma Burns, Local Registrar.

Filed 5/10 1922 J. N. [illegible], County Registrar.

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.