9647

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 114

County Registrar's No. 836

Local Registrar's - No. 11564

1. County Monroe

District

Town or City Phoenix No. 446 - E Madison St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ann Shackleford

(a) Residence. No. Same St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4 COLOR or RACE Blk

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

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

7. AGE Years 88 Months — Days — IF LESS than 1 day.....hrs. or.....min.

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

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

PARENTS

10. NAME OF FATHER Known

11. BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12. MAIDEN NAME OF MOTHER Known

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14. Informant R. Greene (Address) Ph

15. Filed 6-9-1922 I. L. GARRISON, M. D. City Health Officer Registrar

V. S. No. 1 6-10-1922

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/6/22 19.

17. I HEREBY CERTIFY, That I attended deceased from June 6th, 1922 to Only one call, that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at.....m. The CAUSE OF DEATH* was as follows:

Small Pox

6 (duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary)

.....(duration).....yrs.....mos.....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Payne Palmer, M. D.

19 (Address)

* 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 Greenwood

DATE OF BURIAL 6/6/22

20. UNDERTAKER Merryman Co

ADDRESS Ph

GRANT S. MONICAL, M. D.