2101

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 100

County Registered No. 52

Local Registrar's No. 52

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Graham

District Safford

Town Or City Pima

No. ..... St.

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

FULL NAME Lucille Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

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

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH July 25 1922 (Month) (Day) (Year)

AGE ..... yrs. ..... mos 1 day

If less than 1 day 11 hrs., or 45 min.

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

1610

BIRTHPLACE (State or country) Pima Arizona

PARENTS

NAME OF FATHER Oscar Taylor

BIRTHPLACE OF FATHER (State or country) Pima Ariz.

MAIDEN NAME OF MOTHER Fidelia Dodge

BIRTHPLACE OF MOTHER (State or country) Pima Arizona

The Above Is True to the Best of My Knowledge

(Informant) Mrs. P. C. Dryden

(Address) Pima

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL ..... 191....

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1922 (Month) (Day) (Year)

I hereby certify, that I attended deceased from ..... 191..... to ..... 191.....; that I last saw h..... alive on ..... 191....., and that death occurred on the date stated above at .....M. The DISEASE or INJURY causing Death was as follows:

Premature Birth.

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY Foetal Heart

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

(Signed) P. C. Dryden M.D.

..... 191..... (Address) .....

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death....yrs....mos....ds. In Arizona....yrs..mos..ds.

Former or Usual Residence .....

Filed 8-5 1922. Alma Burns. Local Registrar.

Filed 8/11 1922 J. N. Shelton County Registrar.

AGE should be stated EXACTLY. PHYSICANS 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.