2259

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 252
County Registered No. 56
Local Registrar's No. 8

PLACE OF DEATH

County Mohave,
District Hackberry,
Town Hackberry.
Or City
No. St.
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Mrs. Susie Wallace.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.
Color or Race: White ~~Indian~~ ~~Black~~ ~~Mexican~~
~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~: Married.

DATE OF BIRTH: June 23rd 1881 (Month) (Day) (Year)

AGE: 41 yrs. 1 mos. 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):

BIRTHPLACE (State or country): Utah

PARENTS
NAME OF FATHER: John Averett
BIRTHPLACE OF FATHER (State or country): Utah
MAIDEN NAME OF MOTHER: Susan Alephant
BIRTHPLACE OF MOTHER (State or county): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. Wallace
(Address) Hackberry Ariz

PLACE OF BURIAL OR ~~REMOVAL~~: Hackberry
DATE OF BURIAL OR ~~REMOVAL~~: July 23rd 1922
UNDERTAKER: J T Wallace
ADDRESS: Hackberry Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22, 1922. (Month) (Day) (Year)

I hereby certify, that I attended deceased from July 21, 1922 to July 22, 1922 that I last saw her alive on July 22, 1922 and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing Death was as follows: Acute Gastritis with cardiac Complications.

(Duration) yrs. mos. 5 days.

Was disease contracted in Arizona? Yes.

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) C. E. Leonard

July 23, 1922. (Address) Valentine, 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 6 yrs. mos. ds. In Arizona 20 yrs. mos. ds.
Former or Usual Residence: Nevada.

Filed July 24th 1922. William Sigut, Local Registrar
Filed Aug 8 1922 D. R. M. Zapel, County Registrar

I hereby certify that I have carefully filled out this Certificate of Death in Plain terms, that I have stated, EXACTLY, PHYSICIANS should state CAUSE OF DEATH in Plain terms, that I 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.