2502

AGE should be stated EXACTLY. PHYSICIANS 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.

PLACE OF DEATH

County Graham

District Safford

Town Or City Safford Ariz

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No. 88

County Registered No. 62

Local Registrar's - No. 62

No. ..... St.

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

FULL NAME Katherine Woolsey

PERSONAL AND STATISTICAL PARTICULARS

SEX female

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

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

DATE OF BIRTH Aug 3 1922 (Month) (Day) (Year)

AGE X yrs. X mos. X days If less than 1 day hrs. 3 or — min.

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

BIRTHPLACE (State or Country) Safford Ariz.

PARENTS

NAME OF FATHER Arthur Woolsey

BIRTHPLACE OF FATHER (State or Country)

MAIDEN NAME OF MOTHER Louise Ransom

BIRTHPUACE OF MOTHER (State or country)

The Above is True to the Best of My Knowledge

(Informant) .....

(Address) .....

PLACE OF BURIAL OR REMOVAL Safford Ariz

DATE OF BURIAL OR REMOVAL Aug 4 1922

UNDERTAKER W. C. Rawson

ADDRESS Safford, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3, 1922 (Month) (Day) (Year)

I hereby certify that I attended deceased from Aug 3 1922 to Aug 3 1922, that I last saw h.....alive on ..... 19....., and that death occurred on the date stated above at 3 P.M. The DISEASE or INJURY causing death was as follows:

Premature

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

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY —

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

(Signed) D. Scott Schmidt

.....19..... (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....yrs....mos....ds. In Ariz....yrs....mos....ds.

Former or Usual Residence .....

Filed 9-5 1922 Alma Burns Local Registrar.

Filed 7/10 1922 J. N. Holton County Registrar.