

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH: Graham
 County: Graham State Index - - No. 709
 District: Chalchula County Registered No. 73
 Town: Chalchula ORIGINAL CERTIFICATE OF DEATH. Local Registrar's - No. 71
 Or City: Gafford

No. _____ St. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME: Josephine Chiff Kimball

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
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DATE OF BIRTH: Jan 13 1860
 (Month) (Day) (Year)

AGE: 62 yrs. 8 mos. 27 days, hrs., or min.
 If less than 1 day

OCCUPATION: Housewife
 (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): Ottawa

PARENTS

NAME OF FATHER: <u>Benjamin Chiff</u>
BIRTHPLACE OF FATHER (State or Country): <u>Unknown</u>
MAIDEN NAME OF MOTHER: <u>Ornette Foster</u>
BIRTHPLACE OF MOTHER (State or country): <u>Unknown</u>

The Above is True to the Best of My Knowledge
 (Informant) Spencer Kimball
 (Address) Chalchula

PLACE OF BURIAL OR REMOVAL: <u>Chalchula</u>	DATE OF BURIAL OR REMOVAL: <u>10-14 1922</u>
UNDERTAKER: <u>Rawson</u>	ADDRESS: <u>Gafford</u>

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 12 1922
 (Month) (Day) (Year)

I hereby certify that I attended deceased from Oct 14 1922 to Oct 12 1922, that I last saw her alive on Oct 12 1922, and that death occurred on the date stated above at 11 A.M. The DISEASE or INJURY causing death was as follows:
aortic insufficiency
mitral regurgitation
 (Duration) 15 yrs. 2 mos. 2 days.

Was disease contracted in Arizona? yes
 If not, where? _____

CONTRIBUTORY: None
 (Duration) _____ yrs. _____ mos. _____ days.

(Signed) D. Scott Schenck
Oct 14 1922 (Address) Gafford Ariz.

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

LENGTH OF RESIDENCE
 At place of death 25 yrs. _____ mos. _____ ds. In Ariz. _____ yrs. _____ mos. _____ ds.
 Former or Usual Residence Ottawa
 Filed _____

12-5 1922 Alma Duran
 Local Registrar.

Filed 12/10 1922 J. M. Stetson
 County Registrar.