

873

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Apache  
District Cochar  
Town Angor  
Or City

BUREAU OF VITAL STATISTICS

State Index No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 75

Local Registrar's No. 9

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

FULL NAME Lucille Marble

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F Color or Race White Indian  SINGLE   
Black Chinese MARRIED  
Mexican WIDOWED  
or DIVORCED

DATE OF DEATH Dec 9 1922  
(Month) (Day) (Year)

DATE OF BIRTH Dec 16 1921  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 9 1922 to Dec 9 1922; that I last saw h. alive on Dec 9 1922, and that death occurred on the date stated above at 8 P.M. The DISEASE or INJURY causing Death was as follows:

AGE 11 mos 24 days If less than 1 day  
yrs. mos. days hrs., or min.

Broncho Pneumonia

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

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Was disease contracted in Arizona? yes

BIRTHPLACE (State or country) Apache Co Arizona

If not, where? \_\_\_\_\_

NAME OF FATHER Henry Jess Marble

CONTRIBUTORY Whooping Cough  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

BIRTHPLACE OF FATHER (State or Country) Utah

(Signed) J. B. W. W. W. W. W.  
Dec 11 1922 (Address) Spoonerville

MAIDEN NAME OF MOTHER Ann Elizabeth Sanders

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

BIRTHPLACE OF MOTHER (State or Country) Arizona

LENGTH OF RESIDENCE  
At place of death yrs. 11 mos. 24 ds. In Arizona yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

The Above is True to the Best of My Knowledge (Informant) Henry Jess Marble  
(Address) Cochar Arizona

Former or Usual Residence ✓  
Filed

PLACE OF BURIAL OR REMOVAL Angor DATE OF BURIAL OR REMOVAL Dec 11 1922

Filed Dec 31 1922 E. E. Winsor  
Local Registrar

UNDERTAKER Stone ADDRESS ✓

Filed Jan 10 1923 J. B. W. W. W.  
County Registrar

FILL OUT ALL BLANKS  
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.