

893

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE 580

ARIZONA STATE BOARD OF HEALTH 58  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
 1. County Gila  
 District Globe  
 Town or City Globe  
 No. 186 E Mesquite St., Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elizabeth Jane Dodge  
 (a) Residence. No. 186 E Mesquite St., Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 21 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widow  
 (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) March - 1899

7. AGE Years 84 Months — Days — IF LESS than 1 day — hrs. or — min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

10. NAME OF FATHER John Flynn

11. BIRTHPLACE OF FATHER (city or town) (State or country) England

12. MAIDEN NAME OF MOTHER Johanna Lucas

13. BIRTHPLACE OF MOTHER (city or town) (State or country) England

14. Informant (Address) \_\_\_\_\_

15. Filed 12/4, 1922 B. G. Gray Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12/3 1922

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1922 to 12-3, 1922 that I last saw her alive on 12-3, 1922 and that death occurred, on the date stated above, at 8 A m. The CAUSE OF DEATH\* was as follows:  
Senility Organic  
Valvular disease  
Lack of compensation  
 (duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) A. J. Kennedy, M. D.  
 19 (Address) Globe

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Globe DATE OF BURIAL 12/5 1922

20. UNDERTAKER B. L. JONES & SON ADDRESS Globe