922

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

PLACE OF DEATH

County Gila

District

Town Or City Claypool

C or 4 2 2

85

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No.

County Registrar's No. 357

Local Registrar's - No.

No. Claypool Ariz St.

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

FULL NAME Mrs Alfred Hunt

130 A.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH ..... 1920 (Month) (Day) (Year)

AGE 23 yrs. ..... mos. ..... days

If less than 1 day ..... hrs., or ..... min.

OCCUPATION

(a) Trade, profession or particular kind of work: Wife

(b) General nature of industry, business, or establishment in which employed or (employer): Yes

BIRTHPLACE (State or Country): Missouri

PARENTS

NAME OF FATHER: Jasper Stacy

BIRTHPLACE OF FATHER (State or Country): Missouri

MAIDEN NAME OF MOTHER: Margaret Jentry

BIRTHPLACE OF MOTHER (State or Country): Missouri

The Above is True to the Best of My Knowledge.

(Informant) .....

(Address) .....

PLACE OF BURIAL OR REMOVAL: Burial Cemetery

DATE OF BURIAL OR REMOVAL: Dec 26 1922

UNDERTAKER: A. G. Miles & Son

ADDRESS: Miami Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 24 1922 (Month) (Day) (Year)

I hereby certify that I attended deceased from Dec 20 1922, to Dec 20 1922; that I last saw her alive on Dec 24 1922, and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows:

Meningitis

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

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

(Signed) C. M. Cron

Dec 30 1922 (Address) Miami Ariz

*If 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 12/25/22 1922 B. W. Hardy by C. E. Irvine

Local Registrar.

Filed Jan 5 1923 B. G. Fox

County Registrar.