

1830

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - No. 65
County Registrar's No. 43
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. County Globe
District Globe
Town or City Globe

2. FULL NAME Harriett Frances Lee
(a) Residence. No. 166 E. Pycamers St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced WIDOWED of Joseph Daniel Lee (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 10/28/1898

7. AGE Years 24 Months _____ Days _____ IF LESS than 1 day... hrs. or... min.

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

9. BIRTHPLACE (city or town) Tombstone (State or country) Arizona

10. NAME OF FATHER Herbert E. Brown

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

12. MAIDEN NAME OF MOTHER Myrtle E. Hand

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

14. Informant (Address) _____

15. Filed 2/2, 1923 B. G. Fox Registrar
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/1 1923

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923 to Feb 1, 1923 that I last saw her alive on Feb 1, 1923 and that death occurred, on the date stated above, at 6 P. m. The CAUSE OF DEATH* was as follows:
Pneumonia

CONTRIBUTORY (Secondary) La grippe (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted (duration) _____ yrs. _____ mos. 10 ds. if not at place of death? yes

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L. E. Weighman, M. D. 19 (Address) Globe Ariz

* 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 2/4 1923

20. UNDERTAKER J. L. Jones ADDRESS Globe, Ariz