1948

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 173
County Registrar's No. 231
Local Registrar's - No. 130

PLACE OF DEATH

1. County
District
Town or City No. St. Joseph's Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Sarah Hill Francis

(a) Residence. No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

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 HUSBAND of (or) WIFE of Henry L. Francis

6. DATE OF BIRTH (month, day and year) Jan. 14-1903

7. AGE 20 Years 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) (State or country) New Mexico

PARENTS

10. NAME OF FATHER Ed Hill

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

12. MAIDEN NAME OF MOTHER Alice Hay

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

14. Informant Henry L. Francis
(Address) Glendale Ariz.

15. Filed 2/6/23 19 I. L. GARRISON, M. D.
Registrar
V. S. No. 1 2/19/23 Harry J. Felch M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 7 1923

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1923 to Feb. 7, 1923 that I last saw her alive on Feb 7, 1923 and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Septic Peritonitis Gruel
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Ruptured appendix
acute nephritis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Premature kind child

Did an operation precede death? Yes Date of Feb 6 23

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leo W. Brooks M. D.
Feb 7 1923 (Address) Phoenix 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 Forest Lawn
DATE OF BURIAL Feb 9 1923

20. UNDERTAKER A. H. McLellan
ADDRESS 617 N. Central