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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 187a
County Registrar's - No. 66
Local Registrar's - No. 63

PLACE OF DEATH

1. County Graham
District
Town or City Pima No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Blanch Allen

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, ~~MARRIED, WIDOWED or DIVORCED~~ (Write the word): Single

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

6. DATE OF BIRTH (month, day and year) Aug 25-1928

7. AGE: Years / Months 7 Days 21 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Pima

PARENTS

10. NAME OF FATHER Ed Allen
11. BIRTHPLACE OF FATHER Washington State (city or town) (State or country)
12. MAIDEN NAME OF MOTHER Lucy Craig
13. BIRTHPLACE OF MOTHER Pima (city or town) (State or country) Ariz

Informant
(Address)

15. Filed Oct 1, 1923 Hattie W. Scheuer Local Registrar
Filed Oct 1, 1923 D. Scott Scheuer County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 17 1923

17. I HEREBY CERTIFY, That I attended deceased from 3-16-23 3/16, 1923 to 3-17, 1923 that I last saw h~~er~~ alive on 3-17, 1923 and that death occurred, on the date stated above, at 10 P m. The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dry Pleurisy

(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?

What test confirmed diagnosis?

(Signed) J. W. Morris, M. D.
3-17 1923 (Address) Pima 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 Pima

DATE OF BURIAL 3/18 1923

20. UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS AN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
...ed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in
...operly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation is ... fulness of various ... tion applies for each ... age. For many occupations ... the first line will be sufficient, e. g. **Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,** etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forc-

(omplete or relative ... with the ... respectively, ... and uniform ...

("Congenital," "Senile," e ... "Heart failure," "tumor ... mus," "Old age," "shock," when a definite disease ... be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as **probably** such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train, position unknown; ...

...tion," ... Paras- ... " etc.