2512

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 Maricopa
District No 3
Town Or City Mesa

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 205
County Registered No. 520
Local Registrar's - No. 472

No. ..... St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Lulu Maria Lindsay

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Aug (Month) 25 (Day) 1919 (Year)

AGE: 3 yrs. 6 mos. 21 days — If less than 1 day ..... hrs., or ..... min

OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or Country): New Mex.

PARENTS
NAME OF FATHER: Chas Lindsay
BIRTHPLACE OF FATHER (State or Country): La.
MAIDEN NAME OF MOTHER: Georgia Thompson
BIRTHPLACE OF MOTHER (State or Country): Ok Oklahoma

The Above is True to the Best of My Knowledge.
(Informant) Mrs. Chas Lindsay
(Address) Mesa

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa Cem
DATE OF BURIAL ~~OR REMOVAL~~: Mar 17 1923
UNDERTAKER: M L Gibbons
ADDRESS: Mesa Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. (Month) 16 (Day) 1923 (Year)

I hereby certify that I attended deceased from Mar 2 1923, to Mar 16 1923; that I last saw her alive on Mar 16 1923, and that death occurred on the date stated above at 8:55 P.M. The DISEASE or INJURY causing death was as follows:

Pneumonia - R. upper + lower

(Duration) ..... yrs. ..... mos. 14 days

Was disease contracted in Arizona? Yes

If not, where? ✓

CONTRIBUTORY Meningitis pneumococcus?

(Duration) ..... yrs. ..... mos. 6 days

(Signed) Drs Palmer & Gee

3/17 1923 (Address) Mesa Ariz

In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 1 yrs. 6 mos. — ds. In Ariz 1 yrs. 6 mos. — ds.
Former or Usual Residence New Mexico.

Filed 4-2 1923 H. S. McNeill Deputy Local Registrar.

Filed 4/16/23 192 [illegible] County Registrar.