

2875

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

State Index - - No. 107
County Registrar's No. 159
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

1. County Gila
District Globe
Town or City Globe

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

2. FULL NAME Emma Puhara
(a) Residence. No. Banker 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.

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|--|----------------------------------|---|------|---------------------------------|---|------------------|
| 3. SEX <u>Female</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | | | 16. DATE OF DEATH (month, day, and year) | <u>4/26 1923</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | | | 17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> , 1923 to <u>April 24</u> , 1923, that I last saw her alive on <u>April 25</u> , 1923 and that death occurred, on the date stated above, at <u>3 A</u> m. The CAUSE OF DEATH* was as follows: <u>Anemia</u> | |
| 6. DATE OF BIRTH (month, day and year) <u>11/6/1921</u> | | | | | 18. Where was disease contracted (duration) yrs. mos. ds. <u>Whooping cough</u> (Secondary) (duration) yrs. mos. ds. <u>4 mos. 0 ds.</u> * 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.) | |
| 7. AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. | | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | | | | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe</u> DATE OF BURIAL <u>4/27 1923</u> | |
| 9. BIRTHPLACE (city or town) (State or country) <u>Globe Arizona</u> | | | | | 20. UNDERTAKER <u>D. L. Jones & Son</u> ADDRESS <u>Globe, Ariz.</u> | |
| 10. NAME OF FATHER <u>Pete Puhara</u> | | | | | | |
| 11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Austria</u> | | | | | | |
| 12. MAIDEN NAME OF MOTHER <u>Emma Rodriguez</u> | | | | | | |
| 13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Colo.</u> | | | | | | |
| 14. Informant (Address) _____ | | | | | | |
| 15. Filed <u>4/27, 1923</u> <u>B. J. Joy</u> Registrar. | | | | | | |

V. S. No. 1