

MARGIN RESERVED FOR BINDING
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.

PLACE OF DEATH **ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Apache State Index - - - No. 6
 District St Johns County Registrar's - No. 41
 Town or City St Johns Local Registrar's - No. 6

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

2. FULL NAME Laura Day

(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			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>F</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>single</u>	16. DATE OF DEATH (month, day, and year) <u>May 19 1923</u>	17. I HEREBY CERTIFY, That I attended deceased from <u>May 15</u> 19 <u>23</u> to <u>May 19</u> 19 <u>23</u> , that I last saw her alive on <u>May 19</u> 19 <u>23</u> , and that death occurred, on the date stated above, at <u>4 P</u> m. The CAUSE OF DEATH* was as follows: <u>Prematurity & malnutrition mother had eclampsia & forced & forcep delivery</u> (duration) _____ yrs. _____ mos. <u>4</u> ds.	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.		
6. DATE OF BIRTH (month, day and year) <u>May 15 1923</u>			18. Where was disease contracted if not at place of death? <u>no</u>		
7. AGE	Years _____	Months _____	4 Days	Did an operation precede death? <u>no</u> Date of _____	
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 _____			Was there an autopsy? <u>no</u>		
9. BIRTHPLACE (city or town) (State or country) <u>St Johns Ariz</u>			What test confirmed diagnosis? (Signed) <u>G. J. Bruchin</u> M. D. 19 _____ (Address) <u>St Johns Ariz</u>		
10. NAME OF FATHER <u>Francis Day</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.)		
11. BIRTHPLACE OF FATHER <u>Sagar Ariz</u> (State or country)			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St Johns Ariz</u> DATE OF BURIAL <u>May 20 1923</u>		
12. MAIDEN NAME OF MOTHER <u>Laura Day</u>			20. UNDERTAKER <u>Neighbors</u> ADDRESS <u>St Johns Ariz</u>		
13. BIRTHPLACE OF MOTHER <u>St Johns Ariz</u> (State or country)					
14. Informant (Address) <u>J. Smith Day</u>					
15. Filed <u>May 23 1923</u> <u>Walter Fisher</u> Local Registrar					
Filed <u>June 5 1923</u> <u>G. J. Bruchin</u> County Registrar					
V. S. No. _____					