

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.

PLACE OF DEATH

1. County Graham
District _____
Town or City McCondyke

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 119
County Registrar's No. 34
Local Registrar's - No. 31

2. FULL NAME Annabelle Reno

(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 Married
(write the word)

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

6. DATE OF BIRTH (month, day and year)

7. AGE Years 21 Months 4 Days 13 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) Waller (State or country) Arizona

10. NAME OF FATHER John F. Greenwood

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

12. MAIDEN NAME OF MOTHER Fannie D. Graham

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

14. Informant John F. Greenwood (Address) McCondyke, Ariz.

15. Filed 5/31, 1923 Hester H. Schuch Registrar Scott Schuch County Reg.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1923 to May 7th, 1923, that I last saw her alive on May 7 -, 1923, and that death occurred, on the date stated above, at 10:30 a.m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY Influenza (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____ (Signed) J. C. Wilson

* State the Disease Causing Death, or in deaths from V. Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for address space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Wiley DATE OF BU. May 9

20. UNDERTAKER Frank W. Rottman ADDRESS Wiley