

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN ORIGINAL CERTIFICATE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IN VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1. County Graham  
District \_\_\_\_\_  
Town or City Thatcher

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 121  
County Registrar's - No. 33  
Local Registrar's - No. 30

2. FULL NAME Mary Ann Thurston  
(If death occurred in a hospital or institution, give its NAME instead of street number)  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (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 <u>Female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Frank Thurston</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year)		
7. AGE	Years	Months
<u>67</u>	<u>6</u>	<u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (city or town) <u>England</u> (State or country)		
10. NAME OF FATHER <u>Williams Spendlow</u>		
11. BIRTHPLACE OF FATHER <u>England</u> (State or country) (city or town)		
12. MAIDEN NAME OF MOTHER <u>Harriet Payne</u>		
13. BIRTHPLACE OF MOTHER <u>England</u> (State or country) (city or town)		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 07-26, 1923

17. I HEREBY CERTIFY, That I attended deceased from 4/1, 1923 to 5/20, 1923  
that I last saw her alive on 5/20, 1923  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:  
Gangrene of Left foot.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Diabetes  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. Where was disease contracted \_\_\_\_\_  
if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? urine  
(Signed) W. E. Platt, M. D.  
19 (Address) Thatcher 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 <u>Prima</u>	DATE OF BURIAL <u>5/28</u> 19 <u>23</u>
20. UNDERTAKER <u>no</u>	ADDRESS <u>no</u>

14. Informant (Address) \_\_\_\_\_  
15. Filed 6/9, 1923 Helen W. Schuch Local Registrar.  
Filed 6/9, 1923 D. Scott Schuch County Registrar.  
V. S. No. 1