

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - No. 196

1. County.....
District.....
Town or City *Channing*

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No. 686

Local Registrar's - No. 490

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

2. FULL NAME *Agnes Bent Woodman*
(a) Residence No. *Sisters Hospital*
(Usual place of abode) (If nonresident, give city or town and State) Ward _____

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 *Female* 4. COLOR or RACE *White* 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)

16. DATE OF DEATH (month, day, and year) *May 19 1923*

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

17. I HEREBY CERTIFY, That I attended deceased from *May 10* 1923 to *May 19* 1923 that I last saw her alive on *May 19* 1923

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

and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: *Pneumonia*

7. AGE Years Months Days IF LESS than 1 day hrs. or min. *72 Oct 18*

(duration) yrs. mos. *4* ds.

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

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

9. BIRTHPLACE (city or town) (State or country) *Vt*

8. Where was disease contracted if not at place of death? *770* Date of _____

10. NAME OF FATHER *Montgomery*

Did an operation precede death? *No* Was there an autopsy? *No*

11. BIRTHPLACE OF FATHER (State or country) *England*

What test confirmed diagnosis? *Clinical* (Signed) *R. H. Coyle* (Address) *Phoenix Ariz*

12. MAIDEN NAME OF MOTHER *Roberts*

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

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

15. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

14. Informant (Address) _____

15. Filed *2/21 1923* Local Registrar. *HARRY J. PLANT*

19. UNDERTAKER *A. H. McCallan* ADDRESS *617 N. Central*

Filed _____ 19 _____ County Registrar.

V. S. No. 1