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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

## ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 1
County Registrar's - No. 1
Local Registrar's - No. 2

PLACE OF DEATH

1. County Apache
District St Johns
Town or city St Johns No. _____ St. _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Lillian Waite

(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 17 yrs 7 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR or RACE W
5. SINGLE, ~~MARRIED, WIDOWED or DIVORCED~~ (Write the word)

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

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

7. AGE 17 Years | Months 7 | Days 17 | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED Attending School
(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

9. BIRTHPLACE (city or town) St Johns
(State or Country) Arizona

PARENTS

10. NAME OF FATHER Geo E Waite
11. BIRTHPLACE OF FATHER Salt Lake City (city or town)
(State or country) Utah
12. MAIDEN NAME OF MOTHER Bertha Rothlisberger
13. BIRTHPLACE OF MOTHER Nyon (city or town)
(State or country) Switzerland

14. Informant (Address)

15. Filed Feb 5 1924 Martha Kuhn Local Registrar.
Filed Feb 7 1924 T J Bourdin County Registrar.

V. S. No. 1

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 3 1924

17. I HEREBY CERTIFY, That I attended deceased from 1/2 24 to 1/3 1924 that I last saw her alive on 1/3 1924 and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Membranous Laryngitis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (secondary)
(duration) ____ yrs. ____ mos. ____ ds.

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

Did an operation precede death? ____ date of ____

Was there an autopsy?

What test confirmed diagnosis?

Signed T J Bourdin M. D.
Jan 3 1924 (Address) St Johns 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 St Johns Ariz
DATE OF BURIAL Jan 4 1924

20. UNDERTAKER Neighbors
ADDRESS St Johns Ariz