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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
1. County Graham
District Pinia
Town or City Pinia

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 93
County Registrar's - No. 99
Local Registrar's - No. 90

2. FULL NAME Lucinda P. Merrill
(If death occurred in a hospital or institution, give its NAME instead of street number)
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED Widow
(Write the word)
5a. If married, widowed, or divorced
HUSBAND of P.C. Merrill
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) April 5 - 1886
7. AGE
Years 77 Months 9 Days 10
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) Cleveland Ohio
(State or country)
10. NAME OF FATHER Bartley Brown
11. BIRTHPLACE OF FATHER (city or town) Vermont
(State or country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14. Informant (Address) P. C. Merrill
Pinia, Arizona
15. Filed Feb 6 1924 Dattie W. Schuch Registrar
Filed Feb 6 1924 D. Scott Schuch County Registrar
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) 1/19 1924
17. I HEREBY CERTIFY, That I attended deceased from 1/15 1924 to 1-18 1924
that I last saw her alive on 1/18 1924
and that death occurred, on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows:

Glycemia
(duration) abt. 14 yrs
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 _____
Was there an autopsy? no
What test confirmed diagnosis? Urinary
(Signed) R. C. Hyden M. D.
130 1924 (Address) Pinia

* 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 Pinia DATE OF BURIAL Jan. 20 1924
20. UNDERTAKER H. C. Rawson ADDRESS Safford.