

683

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

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa  
District NO 3  
Town or City Chandler

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 227  
County Registrar's - No. 287  
Local Registrar's - No. \_\_\_\_\_

2. FULL NAME Louisa Sellers  
(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 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 WIDOWED  
(Write the word)

5a. If married, widowed, or divorced  
HUSBAND of R O Sellers  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) July 5 - 1887

7. AGE Years 46 Months 6 Days 18 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) Utah  
(State or country)

10. NAME OF FATHER Paul Huber

11. BIRTHPLACE OF FATHER Utah  
(State or country)

12. MAIDEN NAME OF MOTHER Mary A Dalgard

13. BIRTHPLACE OF MOTHER Utah  
(State or country)

14. Informant (Address) Mrs J. Huber Chandler

15. Filed 1-30, 1924 Jas M. Mason Local Registrar  
Filed FEB 7, 1924 HARRY J. FELTON M.D. County Registrar  
V. S. No. 1

16. DATE OF DEATH (month, day, and year) Jan 23 1924

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1923 to Jan 23, 1924  
that I last saw her alive on Jan 23, 1924  
and that death occurred, on the date stated above, at 8 a.m.  
The CAUSE OF DEATH\* was as follows:  
Myocarditis followed by Pneumonia.  
(duration) \_\_\_\_\_ yrs. 1 mos. 10 ds.  
CONTRIBUTORY (Secondary) None.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. Where was disease contracted Arizona  
if not at place of death?  
Did an operation precede death? No Date of \_\_\_\_\_  
Was there an autopsy? Yes  
What test confirmed diagnosis? Physico-pathologic  
(Signed) W. H. Hubert M. D.  
Jan 23, 1924 (Address) Chandler  
\* 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 ~~BURIAL~~ DATE OF BURIAL  
Mesa Cemetery Jan 24 1924

20. UNDERTAKER M A Burton ADDRESS Mesa