

1386

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

1. County Apache District Flag Town or city Flag

2. FULL NAME Lula Estella Bigelow

(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____

Length of residence in city or town where death occurred yrs 1 mos. 1 da. 4 How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>single</u>
6. DATE OF BIRTH (month, day and year) <u>July 20th 1917</u>		
7. AGE <u>7 yrs</u>	Months <u>1</u>	Days <u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at school</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (city or town) <u>Flag Ariz</u> (State or Country)		
10. NAME OF FATHER <u>David O. Bigelow</u>		
11. BIRTHPLACE OF FATHER <u>Flag Ariz</u> (State or country)		
12. MAIDEN NAME OF MOTHER <u>Polly Estella Thompson</u>		
13. BIRTHPLACE OF MOTHER <u>Flag Ariz</u> (State or country)		
14. Informant <u>David O. Bigelow</u> (Address) <u>Flag Ariz</u>		
15. Filed <u>Feb 31 1924</u> <u>Ellen G. Wanser</u> Local Registrar.		
Filed <u>4/10 1924</u> <u>J J. Roullet</u> County Registrar.		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 24 1924

17. I HEREBY CERTIFY, That I attended deceased from Mar 23rd 1924 to Mar 24 1924 that I last saw her alive on Mar 24 1924 and that death occurred, on the date stated above, at 10:50 p.m. The CAUSE OF DEATH* was as follows:
Breath pneumonia
(duration) 0 yrs 0 mos 4 ds.

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

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

Did an operation precede death? no date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

Signed H. H. Nichols, M. D.
Springerville Arizona

* State the Disease Causing Death, or in death from violent Cause, 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 Flag Ariz DATE OF BURIAL Mar 25 1924

20. UNDERTAKER _____ ADDRESS _____