2624

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 128
County Registrar's - No. 121
Local Registrar's - No. 108

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 in plain terms, so that CAUSE OF DEATH should state CAUSE OF DEATH in plain terms, so 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 Ashurst
Town or city _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Helen Rachel Packer

(a) Residence. No. Miami Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 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 (Write the word): Widowed

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

6. DATE OF BIRTH (month, day and year) April 26 1846

7. AGE: Years 78 | Months X | Days 11 | If LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) unknown
(State or Country) Ill.

PARENTS

10. NAME OF FATHER Holand
11. BIRTHPLACE OF FATHER unknown (city or town)
(State or country) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER unknown (city or town)
(State or country) unknown

14. Informant Ora Packer
(Address) Ashurst Ariz.

15. Filed June 9 1924 Hattie Wakelund Registrar
Filed June 9 1924 D. Scott Schuyler Deputy Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 7 1924

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1924 to May 7 1924.
that I last saw her alive on May 7 1924.
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Gastro enteritis

(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 A. M. Cron M. D.
June 6 1924 (Address) Miami 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 Safford Ariz. — DATE OF BURIAL May 9 1924

20. UNDERTAKER R. C. Rawson — ADDRESS Safford Ariz.