2823

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 322
County Registrar's - No. 17
Local Registrar's - No.

PLACE OF DEATH

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

2. FULL NAME Margerie Baird
(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 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~~ (Write the word) Single baby

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

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

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

8. OCCUPATION OF DECEASED
(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) (State or Country) Snowflake

PARENTS

10. NAME OF FATHER Frank Joseph Baird
11. BIRTHPLACE OF FATHER Salt Lake City (city or town)
(State or country) Utah
12. MAIDEN NAME OF MOTHER Agnes L. F. Lake
13. BIRTHPLACE OF MOTHER Snowflake (city or town)
(State or country) Arizona

14. Informant (Address) Lucy Shreeve

15. Filed May 31 1924 Nellie Freeman Local Registrar.
Filed 6-11- 1924 J. W. Bagell County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 19

17. I HEREBY CERTIFY. That I attended deceased from May 8, 1924 to May 8, 1924
that I last saw h— alive on —, 19—
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Stillborn
(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 J. N. Haywood M. D.
May 31, 1924 (Address) Snowflake

* State the Disease Causing Death, or in death 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 Love Lake
DATE OF BURIAL 9th May 19

20. UNDERTAKER
ADDRESS

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.

MARGIN RESERVED FOR BINDING