

4000

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise District St. Johns Town or city St. Johns No. \_\_\_\_\_  
BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH  
State Index - - - No. 3  
County Registrar's - No. 20  
Local Registrar's - No. 1

2. FULL NAME Sorothy L Pleumb  
(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 <u>F</u>	4. COLOR or RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>---</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>Oct 7-24</u>		
7. AGE	Years <u>3</u>	Months <u>4</u>
	Days <u>4</u>	IF LESS than 1 day hrs. or min.
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) <u>St. Johns Ariz</u>		
10. NAME OF FATHER <u>Perry Pleumb</u>		
11. BIRTHPLACE OF FATHER (State or country) <u>St. Johns Ariz</u>		
12. MAIDEN NAME OF MOTHER <u>Pauline Wade</u>		
13. BIRTHPLACE OF MOTHER (State or country) <u>St. Johns Ariz</u>		
14. Informant (Address) <u>Perry Pleumb St. Johns Ariz</u>		
15. Filed <u>2/11 1925</u> <u>St. Johns</u> Local Registrar. County Registrar. <u>H. A. Nichols</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/11 1925

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1925 to Jan 11 1925 that I last saw him alive on Jan 11 1925 and that death occurred, on the date stated above, at 3 P m. The CAUSE OF DEATH\* was as follows:  
Pneumonia  
(duration) yrs. mos. 3 ds.  
CONTRIBUTORY Possibly Influenza (secondary) (duration) yrs. mos. 3 ds.

18. Where was disease contracted \_\_\_\_\_ (duration) yrs. mos. ds. (State or Country)  
Was an operation precede death? no date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? Symptomatic  
Signed J. J. Boreddin M. D. (Address) St. Johns Ariz

\* State the Disease Causing Death, or if 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 St. Johns Ariz DATE OF BURIAL 1-17 1925

20. UNDERTAKER Neighbors ADDRESS St. Johns