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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 130
County Registrar's - - No.
Local Registrar's - - - No. 189

PLACE OF DEATH

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

2. FULL NAME Elizabeth. Marble.

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident, 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

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, ~~MARRIED, WIDOWED or DIVORCED~~. (Write the word): Single.

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

6. DATE OF BIRTH (month, day and year): Aug 1918

7. AGE: Years 7 | Months 6 | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED.
(a) Trade, profession, or particular kind of work: none
(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): Ariz

PARENTS

10. NAME OF FATHER: Henry J. Marble.
11. BIRTHPLACE OF FATHER: Utah (city or town) (State or country)
12. MAIDEN NAME OF MOTHER: Sarah E. Sanders.
13. BIRTHPLACE OF MOTHER: Ariz (city or town) (State or country)

14. Informant: Mrs Sanders (Address) Safford

15. Filed Apr 9, 1925 Hattie W. Johnson Local Registrar.
Filed, 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 12, 1925

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1925 to Feb 12, 1925
that I last saw her alive on Feb 11, 1925
and that death occurred, on the date stated above, at 6 30 A m.
The CAUSE OF DEATH was as follows:
Bi Lateral - Pneumonia,
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Intestinal Influenza
(duration) yrs. mos. 12 ds.

18. Where was disease contracted if not at place of death? ariz
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? No
(Signed) J. M. Morris, M. D.
1925 (Address) Pima

* 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: 8 1925

20. UNDERTAKER: —
ADDRESS: —