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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 Graham BUREAU OF VITAL STATISTICS State Index - - - No. 117
 District Safford-Salomon ORIGINAL CERTIFICATE OF DEATH County Registrar's - No. _____
 Town Safford, Ariz. Local Registrar's - No. 4
 (If death occurred in a hospital or institution, give its NAME instead of street number)
 2. FULL NAME Mary Jane Garrison
 (a) Residence. No. Safford St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs 3 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, WID-OWED or DIVORCED Widow
 (Write the word)
 6a. If married, widowed, or divorced HUSBAND of Elium Garrison (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) Feb. 6, 1847
 7. AGE Years 78 Months 11 Days 10 IF LESS than 1 day hrs. or min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTH PLACE (city or town) (State or Country) N. Carolina
 10. NAME OF FATHER James Coffey
 11. BIRTHPLACE OF FATHER (city or town) (State or country) N. Car.
 12. MAIDEN NAME OF MOTHER Mary Green
 13. BIRTHPLACE OF MOTHER (city or town) (State or country) N. Car.
 14. Informant (Address) Tom. Wansley Safford, Ariz.
 15. Filed Jan 6 1926 J. N. Stallan Local Registrar. H. 15.
 V. S. No. 1 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 16 1926
 17. I HEREBY CERTIFY. That I attended deceased from 1/12, 1926 to 1/16, 1926 that I last saw her alive on 1/12, 1926 and that death occurred, on the date stated above, at 9-30 A. The CAUSE OF DEATH* was as follows:
Pneumonia
 (duration) yrs. mos. 10 ds.
 CONTRIBUTORY (secondary) age (duration) yrs. mos. ds.
 18. Where was disease contracted if not at place of death? _____
 Did an operation precede death? no date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? none
 Signed J. N. Stallan M. D. 1/16 1926 (Address) Safford
 * 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 Graham County DATE OF BURIAL Jan 17 1926
 20. UNDERTAKER W. C. Rawson ADDRESS Safford