

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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Maricopa State Arizona State File No. 136  
District or Township West Chandler or Village \_\_\_\_\_ Registered No. 2  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Kansas Louella Allgood  
(a) Residence No. South West of Chandler Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. - mos. - ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day and year) <u>Dec 24 1855</u>				
7. AGE <u>70</u>	Years	Months	Days <u>8</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) <u>Blountsville Ala.</u> (State or country)				
10. NAME OF FATHER <u>S. C. Allgood</u>				
11. BIRTHPLACE OF FATHER (city or town) <u>South Carolina</u> (State or country)				
12. MAIDEN NAME OF MOTHER <u>Mattie Jones</u>				
13. BIRTHPLACE OF MOTHER (city or town) <u>Ala.</u> (State or country)				
14. Informant <u>Ulah Neely</u> (Address) <u>Subst. 12th</u>				
15. Filed <u>Jan 6 1926</u> <u>J. Alberts</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) <u>Jan 2 1926</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 2 1926</u> to <u>Jan 2 1926</u> that I last saw her alive on <u>Jan 2 1926</u> and that death occurred, on the date stated above, at <u>4:30 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia.</u> (duration) _____ yrs. _____ mos. <u>4</u> ds. CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds. 18. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Culture</u> (Signed) <u>J. M. Greer</u> , M. D. <u>Jan 6 1926</u> (Address)
* 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 <u>Mesa Cem.</u> DATE OF BURIAL <u>Jan 5 1926</u>
20. UNDERTAKER <u>M. D. Gibbons</u> ADDRESS <u>Mesa Ariz.</u>