2205

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 534
County Registrar's - No.
Local Registrar's - No. 11

PLACE OF DEATH

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

2. FULL NAME Lura Elizabeth Dial
(a) Residence. No. Seligman Ariz St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver W. Dial

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

7. AGE: Years 30 | Months | Days 9 | 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. BIRTHPLACE (city or town) (State or Country) Okla.

PARENTS

10. NAME OF FATHER W. M. Dyer
11. BIRTHPLACE OF FATHER (city or town) (State or country) dont know
12. MAIDEN NAME OF MOTHER Mary M. Wade
13. BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14. Informant (Address) Oliver W. Dial

15. Filed May 7 1927 Mrs R M Tafel Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) April 29 1927

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1927 to April 29, 1927
that I last saw her alive on April 29, 1927
and that death occurred, on the date stated above, at 10 45 P m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? place of death
Did an operation precede death? no date of
Was there an autopsy? no
What test confirmed diagnosis? none
Signed J W Connor M. D.
19 (Address) Seligman Ariz

* 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: Kingman Ariz
DATE OF BURIAL: May 1 1927

20. UNDERTAKER: Van Marter
ADDRESS: Kingman Ariz