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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.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 281

Registered No. 164

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township Mesa or Village

City No. S.S. Community Hospital or Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Carrie Belle Morris

(a) Residence. No. Chandler, Ariz. Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 4 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 R. E. Morris

6. DATE OF BIRTH (month, day and year) June 3-1888

7. AGE Years 39 Months 6 Days 22 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) Martinsburg (State or country) Ind.

PARENTS

10. NAME OF FATHER Wm. Morris

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12. MAIDEN NAME OF MOTHER Phoebe Roberts

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14. Informant Mr. R E Morris (Address) Chandler, Ariz.

15. Filed 12-28, 1927 H. I. McNeill Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 25 1927 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927 to Dec 24, 1927, that I last saw her alive on Dec. 24, 1927 and that death occurred, on the date stated above, at 9.45 m. The CAUSE OF DEATH* was as follows: Burn, severe, second & third degree - chest, face, thighs from gasoline stove

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic from

(duration) yrs. mos. 15 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? Clinical

(Signed) J. M. Greer, M. D.

Dec. 26 1927 (Address) Mesa, 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: Mesa Cem.

DATE OF BURIAL: Dec 26 1927

20. UNDERTAKER: M L Gibbons

ADDRESS: Mesa Ariz.