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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 63
County Registrar's - - No.
Local Registrar's - - - No. 96

PLACE OF DEATH

1. County Coconino
District FLAGSTAFF
Town or City Flagstaff No. 409 N. Hendrick St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Esther Elizabeth Wright.
(a) Residence. No. Garland Prairie 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. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) Nov. 10, 1924

7. AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	4	1	1	

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) Garland Prairie
(State or country) Ariz.

PARENTS
10. NAME OF FATHER William F. Wright.
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Texas.
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER Santa Ana (city or town)
(State or country) Calif

14. Informant
(Address)

15. Filed Dec 12, 1928 G. F. Manning Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928 to Dec. 11, 1928
that I last saw he alive on Dec. 11, 1928
and that death occurred, on the date stated above, at 10:40 a.m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia.
(duration) ....yrs. ....mos. 4 ds.
CONTRIBUTORY (Secondary) —
(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? Physical exam.
(Signed) M. G. Brashear M.D.
Dec. 12 1928 (Address) Flagstaff, 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
Garland Prairie

DATE OF BURIAL
Dec 14 1928

20. UNDERTAKER
None

ADDRESS

fully 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.