

9056

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

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

2. FULL NAME Letty Lou Farr  
 (a) Residence No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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  |   |  |  | MEDICAL CERTIFICATE OF DEATH   |  |
|---|---|--|--|--|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR or RACE<br><u>white</u>                        | 5. SINGLE, MARRIED, WIDOWED or DIVORCED.<br>(Write the word)<br><u>✓</u> |  | 16. DATE OF DEATH (month, day, and year) <u>12-22-1928</u>   |  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____  |   |  |  | 17. I HEREBY CERTIFY, That I attended deceased from <u>12-21-1928</u> to <u>12-22-1928</u> , that I last saw her alive on <u>12-22-1928</u> and that death occurred, on the date stated above, at <u>12:35</u> am. The CAUSE OF DEATH* was as follows:<br><u>Ordema of lungs</u>                         |  |
| 6. DATE OF BIRTH (month, day and year)  | 7. AGE<br>Years <u>1</u> Months <u>3</u> Days <u>25</u> | IF LESS than 1 day _____ hrs. or _____ min.                              |  | CONTRIBUTORY (Secondary) <u>Influenza</u><br>(duration) _____ yrs. mos. ds.  |  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work _____<br>(b) General nature of industry, business or establishment in which employed (or employer) _____<br>(c) Name of employer _____ |   |  |  | 18. Where was disease contracted if not at place of death? <u>yes</u><br>Did an operation precede death? <u>no</u> Date of _____<br>Was there an autopsy? <u>no</u><br>What test confirmed diagnosis? <u>✓</u><br>(Signed) <u>H. C. Hendricks</u> M. D.<br><u>12-22-28</u> 19 (Address) <u>Halbrooke</u> |  |
| 9. BIRTHPLACE (city or town) <u>Halbrooke</u><br>(State or country) _____   |   |  |  | * 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.)  |  |
| 10. NAME OF FATHER <u>Dewey Farr</u>  |   |  |  | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>John Ruiz</u>   |  |
| 11. BIRTHPLACE OF FATHER <u>St. John</u><br>(State or country) _____  |   |  |  | DATE OF BURIAL <u>12-23-28</u>   |  |
| 12. MAIDEN NAME OF MOTHER <u>Catherine Patton</u>   |   |  |  | 20. UNDERTAKER <u>none Family</u>  |  |
| 13. BIRTHPLACE OF MOTHER <u>St. John</u><br>(State or country) _____  |   |  |  | ADDRESS <u>✓</u>   |  |
| 14. Informant <u>Dewey Farr</u><br>(Address) _____  |   |  |  |  |  |
| 15. Filed <u>12/22</u> 19 <u>28</u> <u>J. McWilson</u><br><u>Halbrooke</u> Registrar.   |   |  |  |  |  |