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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 72
County Registrar's - - No.
Local Registrar's - - - No. 16

PLACE OF DEATH

1. County Coconino
District FLAGSTAFF
Town or City Flagstaff No. 10 N. Leroux St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Elizabeth Hill
(a) Residence. No. 154 Farley St. Paducah, Ky. 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. 4 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 Oscar Hill.

6. DATE OF BIRTH (month, day and year) Oct. 7 1905

7. AGE Years 23 Months 5 Days 13 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) Renault
(State or country) Ill.

PARENTS

10. NAME OF FATHER George C. Hendricks.
11. BIRTHPLACE OF FATHER Renault (city or town)
(State or country) Ill.
12. MAIDEN NAME OF MOTHER Elizabeth Aisle
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Illinois

14. Informant Oscar Hill
(Address) 154 Farley St. Paducah Ky

15. Filed Mch 21, 1929 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) Mar. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1929 to Mar. 20, 1929.
that I last saw her alive on Mar 20, 1929,
and that death occurred, on the date stated above, at 12 noon m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.

(duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? Kentucky
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical finding
(Signed) M. G. Frouske, M.D.
Mar. 21 1929 (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 St. Louis, Mo.
DATE OF ~~BURIAL~~ Removal Mar. 21 1929

20. UNDERTAKER W. L. Compton
ADDRESS Flagstaff

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.