782

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 154
County Registrar's - - No.
Local Registrar's - - - No. 13

PLACE OF DEATH

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

2. FULL NAME Florence Burnett Thatch
(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 yrs. mos. 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)
Girl	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No

6. DATE OF BIRTH (month, day and year) Jan - 21 - 1931

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work No
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Arizona
(State or country)

PARENTS

10. NAME OF FATHER Benjamin Harlley Burnett
11. BIRTHPLACE OF FATHER Okla (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Dolores Moody
13. BIRTHPLACE OF MOTHER Ariz (city or town)
(State or country)

14. Informant Benjamin H Burnett
(Address) Thatcher

15. Filed Feb - 8 - 1931 J. H. Shelton Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/27 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/21, 1931 to 1/27, 1931
that I last saw h. alive on 1/26 - 1931
and that death occurred, on the date stated above, at 11 a m.
The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) No
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? M E Platt, M. D.
(Signed) 1/28 1931 (Address) Safford 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 J Holden
DATE OF BURIAL 1/28 1931
ADDRESS J Holden

20. UNDERTAKER Owen Nyler

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.