

2036

N. B.—WHILE FILING, WITH US, 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Maricopa District Safford Town or City Thatcher

State Index - - - - No. 101
County Registrar's - - No. 40
Local Registrar's - - No. 40

2. FULL NAME Lydia Mangum
(a) Residence. No. Thatcher St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>		16. DATE OF DEATH (month, day, and year) <u>3/22 1931</u>	17. I HEREBY CERTIFY, That I attended deceased from <u>3/21</u> , 19 <u>31</u> to <u>3/22</u> , 19 <u>31</u> , that I last saw her alive on <u>3/22</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>3:30 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Cerebrospinal Meningitis</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>				18. Where was disease contracted if not at place of death? <u>yes</u>	
6. DATE OF BIRTH (month, day and year) <u>3/21/1911</u>				Did an operation precede death? <u>no</u> Date of _____	
7. AGE <u>20</u> Years Months Days		IF LESS than 1 day _____ hrs. or _____ min.		Was there an autopsy? <u>no</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Scholar</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>ms</u> (c) Name of employer				What test confirmed diagnosis? <u>Spinal Fluid</u> (Signed) <u>H. E. Platt</u> , M. D. <u>3/22 - 1931</u> (Address) <u>Safford Ariz.</u>	
9. BIRTHPLACE (city or town). (State or country) <u>Pima Arizona</u>				* 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>J. H. Mangum</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Thatcher, Ariz.</u>	
11. BIRTHPLACE OF FATHER (State or country) (city or town) <u>Utah</u>				DATE OF BURIAL <u>Mar 22 1931</u>	
12. MAIDEN NAME OF MOTHER <u>Charlata Kemp</u>				20. UNDERTAKER <u>Hilda Boroman</u>	
13. BIRTHPLACE OF MOTHER (State or country) (city or town) <u>Calif.</u>				ADDRESS <u>Thatcher, Ariz.</u>	
14. Informant (Address) <u>J. H. Mangum</u>					
15. Filed <u>4/8/31</u> 19 <u>31</u> <u>J. H. Stratton</u> Local Registrar.					
V. S. No. 1					

By J. H. Stratton