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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 63

Local Registrar's No. 15

1. PLACE OF DEATH

County Graham State Arizona

District or Township _____ or Village _____

City Thatcher No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Elzina A Blain

(a) Residence, No. _____ 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 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Widowed

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

6. DATE OF BIRTH (month, day and year) Jan 7 1867

7. AGE 66 Years | Months 5 | Days 25 | IF LESS than 1 day _____ hrs. or 45 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nursing Housework

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spring City (State or country) Utah

PARENTS

10. NAME OF FATHER Joseph A. Allred

11. BIRTHPLACE OF FATHER Mormon (city or town) (State or country) Missouri

12. MAIDEN NAME OF MOTHER Palmer

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Upper Canada

14. Informant Thos Blain

(Address) Thatcher, Arizona

15. Filed Mar 8 1933 J. M. Shelton Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 18 1933 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Feb 18, 1933

that I last saw her alive on Feb 15, 1933

and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of uterus

(duration) 2 yrs. 4 mos. _____ ds.

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

18. Where was disease contracted if not at place of death? At place of death

Did an operation precede death? yes Date of Nov. 1931

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) W. C. Langdon, M. D.

Feb 19, 1933 (Address) Safford

* 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: Thatcher, Ariz — DATE OF BURIAL: 2/19/33

20. UNDERTAKER: E. T. Blain — ADDRESS: Thatcher.