

9672

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham

BUREAU OF VITAL STATISTICS

State Index - - - - No. 70

District Safford,

County Registrar's - - No. 20

Town Safford,

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's - - No. 20

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Marie L. Freestone

(a) Residence No. Safford, Arizona St. _____ Ward 107A
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
(Use the word)

16. DATE OF DEATH (month, day, and year) March 4 19 33

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

17. I HEREBY CERTIFY, That I attended deceased from _____

March 1, 1933 to March 4, 19 33

that I last saw him alive on March 3, 19 33

6. DATE OF BIRTH (month, day and year) Oct. 20, 1857

and that death occurred, on the date stated above, at 6 7 m.

The CAUSE OF DEATH* was as follows:

7. AGE Years 82 Months 4 Days 11 IF LESS than 1 day _____ hrs. or _____ min.

Broncho Pneumonia

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

(duration) _____ yrs. mos. 4 ds.

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

9. BIRTHPLACE (city or town) Allborg Denmark (State or country)

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

10. NAME OF FATHER Anton Lynn

Did an operation precede death? no Date of _____

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

Was there an autopsy? no

12. MAIDEN NAME OF MOTHER Hankerson

What test confirmed diagnosis? clinical

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

(Signed) J. W. Butler, M. D. March 10 19 33 (Address) Safford, Arizona

14. Informant (Address) Marie L. Freestone

19. PLACE OF BURIAL, CREMATION OR REMOVAL Safford, Ariz DATE OF BURIAL 3/ 5th 19 33

15. Filed March-17 1933 J. W. Shannon Local Registrar.

20. UNDERTAKER J. C. Cannon ADDRESS Safford

Filed _____, 19 _____ County Registrar.

V. S. No. 1 _____

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.

By O. W. Lopez