489

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Maricopa

District Phoenix

Town Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 785

County Registered No. 489

Local Registrar's No. 3369

No. 446 E. Madison St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Grace Greene

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH Feb (Month) 28th (Day) 1895 (Year)

AGE 19 yrs. 3 mos. 14 days | If less than 1 day, ... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Ark

PARENTS

NAME OF FATHER Nelson Greene

BIRTHPLACE OF FATHER (State or country) Ark

MAIDEN NAME OF MOTHER Aggie Shalkeford

BIRTHPLACE OF MOTHER (State or county) Ark

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C W Johnstone

(Address) Justice of the Peace and ex-officio Coroner, Phoenix, Arizona.

PLACE OF BURIAL ~~OR REMOVAL~~ Greenwood

DATE OF BURIAL ~~OR REMOVAL~~ June 15th 1914

UNDERTAKER Mohn, Driscoll & Maus

ADDRESS 311 N. 1st Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 12th (Day) 1914 (Year)

I hereby certify, that I attended deceased from 6/12 1914 to 6/12 1914; that I last saw her alive on 6/12 1914 and that death occurred on the date stated above at 11:50 PM. The DISEASE or INJURY causing Death was as follows: Carbolic acid poison accidentally administered by her own hand

(Duration) ..... yrs. ..... mos. 1 hr. ..... days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) ..... yrs. ..... mos. ..... days

(Signed) E. S. Godfrey

6/15 1914 (Address) 20 Goodrich Bldg

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 6 yrs. — mos. — ds. In Arizona 14 yrs. — mos. — ds.

Former or Usual Residence

Filed 6/16 1914 E. S. Godfrey Local Registrar

Filed 7/7 1914 H. A. Hughes County Registrar