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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
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.....

District.....
Town
Or City.....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 235

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 2016.

Local Registrar's No. 5137

No. 612 North 2nd Ave. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Melvorda Gillian Stratton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White ✓ Indian, Black, Chinese, Mexican

SINGLE, MARRIED ✓, WIDOWED or DIVORCED

DATE OF BIRTH: July 25, 1846 (Month) (Day) (Year)

AGE: 71 yrs. ..... mos. ..... days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or country): La.

PARENTS
NAME OF FATHER: Uralio Newton McGill
BIRTHPLACE OF FATHER (State or country): La.
MAIDEN NAME OF MOTHER: Minerva Bates
BIRTHPLACE OF MOTHER (State or country): La.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stratton Clark

(Address) .....

PLACE OF BURIAL OR REMOVAL: Safford, Ariz.

DATE OF BURIAL OR REMOVAL: Jan. 12, 1917

UNDERTAKER: Mount McLelland

ADDRESS: .....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11, 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec. 1 1916 to Jan 10 1917; that I last saw her alive on Jan 10 1917, and that death occurred on the date stated above at 8:30 P.M. The DISEASE or INJURY causing death was as follows: Arteriosclerosis

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

Was disease contracted in Arizona? yes
If not, where? .....

CONTRIBUTORY .....

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

(Signed) Roy E. Thomas

..... 191..... (Address) .....

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

LENGTH OF RESIDENCE
At place of death ..... yrs. 5 mos. ..... ds. In Arizona 15 yrs. ..... mos. ..... ds.

Former or Usual Residence Safford, Ariz.

Filed Jan. 15 1917 [illegible] Local Registrar

Filed Feb. 17 1917 A. B. Nichols County Registrar