

**ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
AFFIDAVIT TO CORRECT A RECORD**

Identifying information about the registrant as it appears on the original record:

A. Name of Registrant Alice Ellen Slater B. File No. 7392
 C. Date of Death December 18 1953 D. Place Gila City Globe
 Mo. December Year 1953 County Gila

E. Item on Certificate		F. The following facts are incorrectly stated on original record:	G. The facts should be stated as follows to be correct:
1	Name of deceased	Alice Ellen Slater	Alice Dell Slater
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STATE OF Ariz } I, the affiant, related as Personal Director to the
 COUNTY OF 9/12 } ss. person named on line A of this document, do solemnly swear that to the best of my
 knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE [Signature]
 AFFIANT'S ADDRESS 309 Line Oak St
 Subscribed and sworn to before me this 28 day of January 1954

(SEAL)
 My Commission Expires Feb 11, 1954 Notary Public Collie M Carpenter
 Address Box 1326 Miami, Ariz

STATE OF Ariz } I, the affiant, related as None to the
 COUNTY OF 9/12 } ss. person named on line A of this document, do solemnly swear that to the best of my
 knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE [Signature]
 AFFIANT'S ADDRESS 309 Line Oak St.
 Subscribed and sworn to before me this 28 day of January 1954

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