

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - No. 381

1. County Chinal

District

ORIGINAL CERTIFICATE OF DEATH

County Registrar's No.

Town or City Feldman Ariz.

No. St. Ward

2. FULL NAME Nellie Musgrave Sellet

(a) Residence. No. St. Ward.

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 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 Married

16. DATE OF DEATH (month, day and year) Feb 9 1923

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

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1922 to Feb, 1923 that I last saw her alive sometime in Dec., 1922 and that death occurred, on the date stated above, at 8:30 p.m. The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days IF LESS than 1 day... hrs. or... min. 47 3

(duration) 8 yrs. mos. ds.

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

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

9. BIRTHPLACE (city or town) (State or country) Texas

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

10. NAME OF FATHER James Musgrave

Did an operation precede death? no Date of

11. BIRTHPLACE OF FATHER (city or town) (State or country) Lockhart, Texas

Was there an autopsy? no

12. MAIDEN NAME OF MOTHER Mary Martin

What test confirmed diagnosis? None

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

(Signed) J. M. Butler M. D. 19 (Address) Winkelman, Ariz.

14. Informant (Address) J. M. Butler

* 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.)

15. Filed 19

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

V. S. No. 1 Registrar K. F. Spitzer

20. UNDERTAKER ADDRESS

Statement of Occupation. Reverse statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal miner, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery, (e) Foreman, (f) Automobile factory, (g) The...

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Examples: "Congenital," "Senile," etc., "Dropsy," "Debility," "Epilepsy," "Heart failure," "Hemorrhage," "Inflammation," "Meningitis," "Old age," "Shock," "Typhoid," "Typhus," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: "Accidental drowning," "Struck by railway train—accident," "Revolver wound of head," "Poisoning," etc.