

## 1. PLACE OF DEATH

County

Gila

State

Arizona

State File No.

133

District or Township

Globe

or Village

Registered No.

13

City

Globe

No.

Anderson Ranch 3 mi S. of Globe

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

## 2. FULL NAME

Emma P. Calvin

(a) Residence. No.

Anderson Ranch

St.,

Ward.

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

30 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

2. SEX

Female

4. COLOR or RACE

White

5. SINGLE, MARRIED, WIDOWED or DIVORCED.

(Write the word)  
Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

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

12 - 3 - 1835

7. AGE

Years

Months

Days

IF LESS than 1  
day. hrs.  
or min.

94

8. OCCUPATION OF DECREASED

(a) Trade, profession, or  
particular kind of work

At Home

(b) General nature of industry,  
business or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Tenn.

10. NAME OF FATHER

Cloud

11. BIRTHPLACE OF FATHER

(State or country)

Tenn.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or country)

Tenn.

PARENTS

14. Informant

Mrs. R. M. Anderson

(Address)

Globe, Ariz.

15. Filed

3 22669

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 22, 1929

Month

Day

Year

17.

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1928 to Jan 22, 1929,  
that I last saw her alive on Jan 21, 1929.and that death occurred, on the date stated above, at 3:30 a. m.  
The CAUSE OF DEATH\* was as follows:

Influenza

(duration)

yrs.

mos.

ds.

CONTRIBUTORY  
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted

If not at place of death?

yes

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Physician's examination

(Signed)

J. E. W. Johnson

M. D.

Jan 25, 1929

(Address)

Globe, Ariz.

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.)

19. PLACE OF BURIAL, CREMATION OR

REMOVAL

Globe Cemetery

DATE OF BURIAL

1-24-29

20. UNDERTAKER

Jones Funeral Home

ADDRESS

Globe, Ariz.

Registrar.

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.