

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maconcoba  
District Blindley  
Town or City Peoria

BUREAU OF VITAL STATISTICS

State Index - - No. 135  
County Registrar's No. \_\_\_\_\_  
Local Registrar's - No. 141

ORIGINAL CERTIFICATE OF DEATH

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Susan Hammond

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4 COLOR or RACE W. 5 SINGLE, MARRIED, WIDOWED or DIVORCED Widowed  
(write the word)

5a. If married, widowed, or divorced HUSBAND of John A. Hammond  
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2-19-1832

7. AGE Years 95 Months 9 Days 17 IF LESS than 1 day... hrs. or... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Pace

11. BIRTHPLACE OF FATHER (city or town) unknown  
(State or country)

12. MAIDEN NAME OF MOTHER unknown

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

14. Informant J. A. Hammond  
(Address) Peoria

15. Filed Dec 5, 1927 H. P. Patterson  
Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12/3 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927 to Dec 3, 1927, that I last saw her alive on Dec 1, 1927, and that death occurred, on the date stated above, at 4:45 P.M. The CAUSE OF DEATH\* was as follows:  
Pneumonia

(duration) yrs. mos. ds. 9

CONTRIBUTORY none  
(Secondary) (duration) yrs. mos. ds.

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

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) D. S. Duncan, M. D.  
173 1927 (Address) Peoria Arizona

\* 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 Blindley Cem DATE OF BURIAL Dec 5 1927

20. UNDERTAKER A. J. Moore & Sons ADDRESS Phx