9832

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

355

628

91

TERRITORIAL INDEX NO.

COUNTY REGISTERED NO. 143

LOCAL REGISTRAR'S NO.

PLACE OF DEATH

COUNTY Maricopa

DISTRICT Mesa, no 3,

TOWN OR CITY Mesa NO. ST.

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

FULL NAME Mary Ann Johnson

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR or RACE White Black Mexican Indian Chinese

SINGLE MARRIED WIDOWED or DIVORCED Widow

DATE OF BIRTH Aug 28 (Month) (Day) 1828 (Year)

AGE 82 yrs. 4 mos. 6 days If less than 1 day, hrs., or min.

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

BIRTHPLACE (State or country) N. Y.

PARENTS

NAME OF FATHER Samuel Hale

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Johnson

(Address) Mesa

PLACE OF BURIAL ~~OR REMOVAL~~ Mesa Cemetary

DATE OF BURIAL ~~OR REMOVAL~~ Dec 18 1910

UNDERTAKER Burton & Sons

ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1910 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 13 1910 1910 to Dec 17th 1910; that I last saw her alive on Dec 17th 1910 and that death occurred on the date stated above at 5 P. M. The DISEASE or INJURY causing Death was as follows: Lobular Pneumonia

(Duration) yrs. mos. 7 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) J. B. Nelson, M. D.

Dec 17 1910 (Address) Mesa Arizona

*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. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence

Filed 12-19- 1910 J. E. Drane MD Local Registrar

Filed Feb 7 1911 H. A. Hughes County Registrar

Registrar and by mm trans...

Local Registrar will issue burial or removal permit as desired, upon filing of proper certificate, subject to the laws of the Territory and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the aind 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