

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa
District No 3
Town Mesa
Or City

BUREAU OF VITAL STATISTICS

State Index No. 421

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 533

Local Registrar's No. 27

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Ellen Ester Daley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female Color or Race White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH May 14 1915
(Month) (Day) (Year)

DATE OF BIRTH Sept 25 - 1856
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 1 1915 to May 14 1915; that I last saw her alive on May 13 1915, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: Tuberculosis

AGE 58 yrs. 7 mos. 19 days If less than 1 day _____ hrs., or _____ min.

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

BIRTHPLACE (State or country) Idaho

NAME OF FATHER James Olivera

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Caroline Roberts

BIRTHPLACE OF MOTHER (State or country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) P Daley

(Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL May 15 - 1915

UNDERTAKER H. A. Burton ADDRESS Jones Mesa

(Duration) 2 yrs. _____ mos. _____ days

Was disease contracted in Arizona? No

If not, where? _____

CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days

(Signed) P. B. Brown May 15 1915 (Address) Mesa

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death 32 yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence Idaho

Filed 5-17 1915 S. J. E. Brown Local Registrar
Filed 6-8 1915 A. B. Mitchell County Registrar