

1373

145 ✓

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa
District No 3
Town
Or City Mesa

BUREAU OF VITAL STATISTICS

State In. No. 571

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4395
Local Registrar's No. 379

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

FULL NAME Susan A Johnson

FILL OUT ALL BLANKS. 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.

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Female</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican
MARRIAGE STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
DATE OF BIRTH <u>Oct 7 1891</u> (Month) (Day) (Year)	
AGE <u>76 yrs. 3 mos. 28 days</u> If less than 1 day _____ hrs., or _____ min.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer)	
BIRTHPLACE (State or country) <u>Ill</u>	
PARENTS	
NAME OF FATHER <u>James Holman</u>	
BIRTHPLACE OF FATHER (State or country) _____	
MAIDEN NAME OF MOTHER <u>Nasima LeBaron</u>	
BIRTHPLACE OF MOTHER (State or country) _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) <u>M J LeBaron</u>	
(Address) <u>Mesa</u>	
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Feb 10/1918</u>
UNDERTAKER <u>M A Burton</u>	ADDRESS <u>Mesa</u>

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Feb 5 1918</u> (Month) (Day) (Year)
I hereby certify, that I attended deceased from <u>Feb 5</u> 191 <u>8</u> to <u>Feb 5</u> 191 <u>8</u> ; that I last saw her alive on <u>Feb 5</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>6:30 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Recurrence</u>
(Duration) <u>7</u> yrs. <u>4</u> mos. <u>5</u> days
Was disease contracted in Arizona? <u>yes</u> If not, where? _____
CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days
(Signed) <u>[Signature]</u> <u>Feb 6 1918</u> (Address) <u>Mesa</u>
In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE At place of death <u>9</u> yrs. _____ mos. _____ ds. In Arizona <u>2</u> yrs. _____ mos. _____ ds.
Former or Usual Residence <u>Utah</u>
Filed <u>2/9/1918</u>
Local Registrar <u>J. E. Drane</u>
Filed <u>March 9 1918</u>
County Registrar <u>J. A. B. Nichols</u>