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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.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

State Index No. 245
County Registered No. 6801
Local Registrar's No. 108

**PLACE OF DEATH**

County Maricopa
District 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** Adaline Grover Daley

### PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH: Feb 10 1836 (Month) (Day) ~~191-~~ (Year)

AGE: 83 yrs. 2 mos. 9 days — If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): N. York

PARENTS
NAME OF FATHER: Thomas Grover
BIRTHPLACE OF FATHER (State or country): N. Y.
MAIDEN NAME OF MOTHER: Emma Whiting
BIRTHPLACE OF MOTHER (State or country): N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Ellsworth
(Address) Mesa

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa Cemetary
DATE OF BURIAL ~~OR REMOVAL~~: Apl 20 1919

UNDERTAKER: W. A. Burton & Sons
ADDRESS: Mesa

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl 19 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from occasionally May 10 1918 to April 19 1919, that I last saw her alive on Jan 16 1919, and that death occurred on the date stated above at 2 a M. The DISEASE or INJURY causing death was as follows: Interstitial Nephritis

(Duration) about 3 yrs. ..... mos. ..... days

Was disease contracted in Arizona? Yes
If not, where?

CONTRIBUTORY: Hypertrophic Sclerosis of Liver (Duration) about 3 yrs. ..... mos. ..... days

(Signed) J. B. Nelson
April 19 1919 (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 40 yrs. ..... mos. ..... ds. In Arizona 40 yrs. ..... mos. ..... ds.
Former or Usual Residence: Idaho

Filed 4/19 1919 — Dr. J. E. Drane, Local Registrar
Filed 5-20- 1919 — A. B. Nichols, County Registrar