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# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

State Index No. 73

PLACE OF DEATH  
County Maricopa  
District No 3  
Town Mesa  
Or City

County Registered No. 1729  
Local Registrar's No. 10

### ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Emma M. Nielson (Nielson)

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 White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Oct 18</u> 18 <u>58</u>	(Month) (Day) (Year)	
AGE <u>61</u> yrs. <u>2</u> mos. <u>28</u> days	If less than 1 day hrs., or min.	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Utah</u>		
PARENTS		
NAME OF FATHER <u>Joseph Mechem</u>		
BIRTHPLACE OF FATHER (State or country) <u>N. Hampshire</u>		
MAIDEN NAME OF MOTHER <u>Elizabeth Bowie</u>		
BIRTHPLACE OF MOTHER (State or country) <u>N York</u>		
The Above is True to the Best of My Knowledge		
(Informant) <u>M. J. Mechem</u>		
(Address) <u>Mesa</u>		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Jan 16th 1920</u>	
UNDERTAKER <u>C. Burton</u>	ADDRESS <u>Mesa</u>	

#### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13, 1920  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 2 1920 to Jan 15 1920; that I last saw her alive on Jan 14 1920, and that death occurred on the date stated above at 3:45 P.M. The DISEASE or INJURY causing Death was as follows: Acute Endocarditis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? Yes

If not, where? \_\_\_\_\_

CONTRIBUTORY Myocarditis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) A. J. A. Brown  
Jan 16 1920 (Address) Mesa, Ariz

\*In death 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 Mesa

Filed Jan 16th 1920 R. E. Drame  
Local Registrar.

Filed 2-9 1920 H. R. Larson  
County Registrar.