2077

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.

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.

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No. 295
County Registered No. 8286
Local Registrar's - No. 53

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

FULL NAME Mary Ellen Wentworth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White ~~Indian~~ ~~Black Chinese~~ ~~Mexican~~

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~

DATE OF BIRTH: June 19 1866 (Month) (Day) (Year)

AGE: 53 yrs. 8 mos. 23 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): Utah

PARENTS
NAME OF FATHER: Thomas Biggs
BIRTHPLACE OF FATHER (State or Country): Scotland
MAIDEN NAME OF MOTHER: Syrina B Pier
BIRTHPLACE OF MOTHER (State or country): England

The Above is True to the Best of My Knowledge
(Informant) Mrs Steele
(Address) Mesa

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa Cemetary
DATE OF BURIAL OR ~~REMOVAL~~: May 14 1920

UNDERTAKER: A A Burton & Son
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 12, 1920 (Month (Day) (Year)

I hereby certify that I attended deceased from Mar 11 1920 to Mar 12 1920; that I last saw her alive on May 11 1920, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing death was as follows:

Acute dil. tation of heart

..... (Duration)) ..... yrs. ..... mos 1 days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY Asthma

..... (Duration) 20 yrs. ..... mos. ..... days

(Signed) R T Palmer

3/13 1924 (Address) Mesa

In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 48 yrs. ..... mos. ..... ds. In Ariz. 48 yrs. ..... mos. ..... ds.

Former or Usual Residence Utah

Filed 3-13- 1920 J. E. Drake
Local Registrar.

Filed 4-13 1920 Ho. R. Larson
County Registrar.