

FILL OUT ALL BLANKS. 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

County Marcopa District No 3 Town Mesa Or City Mesa

State Index - - No. 243
County Registered No. 10243
Local Registrar's - No. 582

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Mary Esther Ray

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Dec 20</u> , 19 <u>20</u> (Month (Day) (Year))		
DATE OF BIRTH <u>Sept 23</u> , 19 <u>11</u> (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>Dec 17th</u> 19 <u>20</u> to <u>Dec 20</u> 19 <u>20</u> , that I last saw h. <u>et</u> alive on <u>Dec 20</u> 19 <u>20</u> , and that death occurred on the date stated above at <u>2.9</u> A.M. The DISEASE or INJURY causing death was as follows: <u>Acute Cardiac paralysis.</u>		
AGE <u>9</u> yrs. <u>2</u> mos. <u>29</u> days hrs., or _____ min.					
OCCUPATION (a) Trade, profession or particular kind of work. <u>School girl</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____		
BIRTHPLACE (State or Country) <u>Mex</u>			CONTRIBUTORY <u>Endocarditis & Myocarditis</u> (Duration) <u>19</u> ds. _____ mos. _____ days		
NAME OF FATHER <u>James H. Ray Jr</u>			(Signed) <u>J. W. Brown M.D.</u> <u>Dec 22 1920</u> (Address) <u>Mesa, Ariz.</u>		
BIRTHPLACE OF FATHER (State or Country) <u>Ariz</u>			death from violent causes state (1) means of injury and (2) whether Accidental, Suicidal, or Homicidal.		
MAIDEN NAME OF MOTHER <u>Mary E Skow</u>			LENGTH OF RESIDENCE		
BIRTHPLACE OF MOTHER (State or country) <u>Ariz</u>			At place of death yrs. _____ mos. _____ ds. In Ariz. yrs. _____ mos. _____ ds.		
The Above is True to the Best of My Knowledge (Informant) <u>Mary E Ray</u> (Address) <u>Mesa</u>			Former or Usual Residence _____		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>			Filed <u>Dec. 21</u> 19 <u>20</u> <u>J. E. Drane Jr.</u> Local Registrar		
DATE OF BURIAL OR REMOVAL <u>Dec 20</u> 19 <u>20</u>			Filed <u>1-12</u> 19 <u>21</u> <u>Grant S. Monical</u> County Registrar		
UNDERTAKER <u>M. A. Burton</u>			ADDRESS <u>Mesa</u>		