

2091

PLACE OF DEATH

County Maricopa

District Phoenix

Town or City No. 3104 North Central Ave.

(If death occurred in a Hospital or Institution, give its name instead of street and number)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 156

CERTIFICATE OF DEATH

County Registrar No. 1665

St. Local Registrar's No. 10958

FULL NAME Mary E. Gears,

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|--|---|
| SEX <u>female</u> | COLOR OR RACE *White Indian Black Chinese Mexican | SINGLE MARRIED *WIDOWED or DIVORCED |
|----------------------|--|---|

DATE OF BIRTH
May 9th. 1880
(Month) (Day) (Year)

AGE
61 yrs. 0 mos. 0 days 0 hrs., or 0 min.
If less than 1 day

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

BIRTHPLACE
(State or country) Minnesota

NAME OF FATHER James Murphy,

BIRTHPLACE OF FATHER
(State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country) Ireland

The above is true to the best of my knowledge.
(Informant) Joe Gears

(Address)

Place of Burial or Removal Date of Burial or Removal

Catholic Cemetery, 12-21-21. 1921

Undertaker Address

J. T. Whitney, City,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
December 18th. 1921.
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar. 2 1920, to December 18, 1921; that I last saw her alive on December 13, 1921, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing death was as follows:

Glomerular Nephritis Chronic, Arterial Hypertension, Cardiac Hypertrophy.

(Duration) many yrs. 0 mos. 0 days

Was disease contracted in Arizona? Unable to state
If not, where?

CONTRIBUTORY Cerebral Hemorrhage.
(Duration) _____ yrs. _____ mos. _____ days one

(Signed) Spencer D. Whitney, M. D.
Dec. 20, 1921 (Address) Phoenix, Arizona

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death 25 years _____ months _____ days

In Arizona 25 years _____ months _____ days

Former or Usual Residence Minn.

Filed Dec 20 1921 Spencer D. Whitney
Local Registrar.

A True Copy
Filed Dec. 31, 1921 Spencer S. Monaghan, M. D.
County Registrar.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.