

2570

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.

County Maricopa BUREAU OF VITAL ST
District no 3 CERTIFICATE OF DEATH County Registrar No. 525
Town Mesa No. _____ St. Local Registrar's No. 52
(If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME Gertrude M Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White Indian Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Apr 28 1891
(Month) (Day) (Year)

AGE 31 yrs. 11 mos. 2 days hrs., or _____ min.
If less than 1 day _____

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) Ariz

NAME OF FATHER M J Pomeroy

BIRTHPLACE OF FATHER (State or country) Idaho

MAIDEN NAME OF MOTHER Mary M Brigger

BIRTHPLACE OF MOTHER (State or country) Utah

The above is true to the best of my knowledge.
(Informant) Cassie Pomeroy
(Address) Mesa

Place of Burial or Removal Mesa Cemetery Date of Burial or Removal Apr 1 1923

Undertaker W A Burton Address Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 31 1923
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 3-24 1923, to 3-31, 1923; that I last saw her alive on 3-29, 1923, and that death occurred on the date stated above at 11 7 M. The DISEASE or INJURY causing death was as follows: Myocardium

(Duration) 11 yrs. 8 mos. 8 days

Was disease contracted in Arizona? yes
If not, where? _____

CONTRIBUTORY uricemia
(Duration) _____ yrs. _____ mos. _____ days

(Signed) H. J. McNeill, M. D.
4-1, 1923 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 _____ years 3 months _____ days

In Arizona 31 years 11 months _____ days

Former or Usual Residence _____

Filed 4-2, 1923 H. J. McNeill
Deputy Local Registrar.

Filed 4/14/23, 19____ A True Copy