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MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - No. 148
County Registrar's - No. 1323
Local Registrar's - No. 25

ORIGINAL CERTIFICATE OF DEATH

1. County Maricopa District _____
Town or City Phoenix No. Arizona State Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Maida V. Nelson
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>single</u>			16. DATE OF DEATH (month, day, and year) <u>Nov 14 1923</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>not married</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 26</u> , 19 <u>23</u> to <u>Nov 14</u> , 19 <u>23</u> , that I last saw her alive on <u>Nov 14</u> , 19 <u>23</u> , and that death occurred, on the date stated above, at <u>7:00 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Mitral Regurgitation</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 26 1889</u>					18. Where was disease contracted if not at place of death? <u>Arizona</u> (duration) <u>13</u> yrs. mos. ds. <u>Pulmonary Tuberculosis</u> 19. PLACE OF BURIAL, CREMATION OR _____ DATE OF BURIAL <u>Mesa Cemetery</u> <u>Nov 16 1923</u>	
7. AGE	Years <u>34</u>	Months <u>12</u>	Days <u>14</u>	18. Where was disease contracted if not at place of death? <u>Arizona</u> (duration) <u>13</u> yrs. mos. ds. <u>Pulmonary Tuberculosis</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Hospital 15 years</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					19. PLACE OF BURIAL, CREMATION OR _____ DATE OF BURIAL <u>Mesa Cemetery</u> <u>Nov 16 1923</u>	
9. BIRTHPLACE (city or town) <u>Parach 11 m</u> (State or country)					20. UNDERTAKER <u>W A Burton</u> ADDRESS <u>Mesa</u>	
10. NAME OF FATHER <u>H. G. Nelson</u>						
11. BIRTHPLACE OF FATHER <u>Phoenix</u> (State or country) <u>Arizona</u> (city or town)						
12. MAIDEN NAME OF MOTHER <u>Emma M. Nelson</u>						
13. BIRTHPLACE OF MOTHER <u>Phoenix</u> (State or country) <u>Arizona</u> (city or town)						
14. Informant <u>Elizah Nelson</u> (Address) <u>Mesa</u>						
15. Filed <u>11-17</u> , 19 <u>23</u> Local Registrar: <u>HARRY J. FELCH</u> County Registrar: _____						

V. S. No. 1