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MARGIN RESERVED FOR BINDING
N. B.—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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa District 703 Town or City Mesa, Ariz. No. _____
 BUREAU OF VITAL STATISTICS State Index - - - No. 245
 County Registrar's - No. 436
 Local Registrar's - No. 210
 ORIGINAL CERTIFICATE OF DEATH
 (If death occurred in a hospital or institution, give its NAME instead of street number) _____ St. _____ Ward _____
 2. FULL NAME Alice Easton
 (a) Residence. No. South McDonald St. Mesa Ariz.
 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

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
 5a. If married, widowed, or divorced HUSBAND of F. B. Easton (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) Nov 8 1871
 7. AGE Years 52 Months 7 Days 13 IF LESS than 1 day.....hrs. or.....min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Wife (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____
 9. BIRTHPLACE (city or town) Ontario (State or country) Canada
 10. NAME OF FATHER John James
 11. BIRTHPLACE OF FATHER (city or town) Ontario (State or country) Canada
 12. MAIDEN NAME OF MOTHER Mary Nagau
 13. BIRTHPLACE OF MOTHER (city or town) Ireland (State or country) _____
 14. Informant (Address) F. B. Easton
 15. Filed 3-22 1924 by T. J. McNeil Local Registrar.
 Filed _____ 19____ by _____ County Registrar.
 V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 16 1924
 17. I HEREBY CERTIFY, That I attended deceased from 3 to 16, 1924 to _____, 19____, that I last saw him alive on 3-16 1924 and that death occurred, on the date stated above, at 6:30 p.m.
 The CAUSE OF DEATH* was as follows:
Organic Heart Disease
Mitral Regurgitation
 (duration) many yrs. mos. ds.
 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.
 18. Where was disease contracted? not at place of death?
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? clinical
 (Signed) T. J. McNeil M. D.
3-21 1924 (Address) Mesa
 * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
 19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery DATE OF BURIAL March 23 1924
 20. UNDERTAKER M. R. Gibbons ADDRESS Mesa Ariz.