1600

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 307
County Registrar's - No. 493
Local Registrar's - No. 216

PLACE OF DEATH

1. County Maricopa
District No 3.
Town or City Mesa Arizona No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Amanda L. Porter

(a) Residence. No. South Robson St. St., Mesa Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 22-1834

7. AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
90	—	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ohio
(State or country)

PARENTS

10. NAME OF FATHER Charles C. Cousins

11. BIRTHPLACE OF FATHER (city or town)
(State or country) Vermont

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town)
(State or country)

14. Informant A. N. Porter
(Address) Mesa Arizona.

15. Filed 4-8, 1924 H. J. McNeill
Local Registrar.

Filed ....., 19 .....
County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3/27 1924.

17. I HEREBY CERTIFY, That I attended deceased from March 19 —, 1924 to Mar. 27/1924, that I last saw her alive on Mar. 23-1924 and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:
Cardiac dilatation

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Advanced age
(duration) 2-4 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. E. Drane M. D.
3-31-1924 (Address) Phoenix Ariz.

* 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 3/29 1924

20. UNDERTAKER M. R. Gibbons — ADDRESS Mesa Ariz.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business

Association)

"PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)