2255

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

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 314
County Registrar's - No. 699
Local Registrar's - No. 227

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

2. FULL NAME Velda Boren

(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

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

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

6. DATE OF BIRTH (month, day and year) April 28 1916

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

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

9. BIRTHPLACE (city or town) Arizona
(State or Country)

PARENTS

10. NAME OF FATHER Charles Boren
11. BIRTHPLACE OF FATHER ..... (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Mary P. [illegible]
13. BIRTHPLACE OF MOTHER ..... (city or town)
(State or country)

14. Informant Charles Boren
(Address) Mesa

15. Filed 4-30 1924 [illegible] Local Registrar.
Filed MAY 5 1924 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) April 28 1924

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1924 to April 28th, 1924
that I last saw h. alive on April 28th, 1924
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Meningitis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (secondary) Myocarditis
..... (duration) ..... 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? .....
Signed April 29, 1924 L. W. Brown M. D.
(Address) Mesa Arizona

* 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 Cemetary — DATE OF BURIAL 4-29 1924

20. UNDERTAKER W. G. Barton & Son, Mesa — ADDRESS