4238

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 225
County Registrar's - No. 149
Local Registrar's - No. 3

MARGIN RESERVED FOR BINDING RECORD. Every item of information should be N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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

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

2. FULL NAME Ruth Taylor
(a) Residence. No. 2 miles East Mesa 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): X

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

6. DATE OF BIRTH (month, day and year) Oct 22-1910

7. AGE: Years 8 | Months 2 | Days 24 | 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) Ariz
(State or country)

PARENTS

10. NAME OF FATHER H H Taylor
11. BIRTHPLACE OF FATHER Utah
(State or country) (city or town)
12. MAIDEN NAME OF MOTHER Eliza J Byrd
13. BIRTHPLACE OF MOTHER Nevada
(State or country) (city or town)

14. Informant Mrs H H Taylor
(Address) Mesa

15. Filed Jan 16 1925 D. L. McNeill Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 14 1925

17. I HEREBY CERTIFY, That I attended deceased from 1/11, 1925 to 1/14, 1925, that I last saw her alive on 1/14, 1925 and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:
Septicemia
(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (Secondary) Appendicitis
Acute dilitation of Stomach (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 1/11/25
Was there an autopsy? No
What test confirmed diagnosis? Usual
(Signed) L. N. Brown, M. D.
1/15 1924 (Address) Mesa, 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 Cemetary — DATE OF BURIAL Jan 16 1925

20. UNDERTAKER W A Barton & Sons — ADDRESS Mesa