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BUREAU OF VITAL STATISTICS — **ARIZONA STATE BOARD OF HEALTH** — STANDARD CERTIFICATE OF DEATH

State File No. 225
Registered No. 80

1. PLACE OF DEATH
County Maricopa State Arizona
District or Township Mesa or Village ____ or
City Mesa Ariz. No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Lucy Ella Irwin
(a) Residence. No. 147 E. First St. St., ____ Ward.
(Usual place of abode) (If non-resident, 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.

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 accurately stated. ATTENTION IS CALLED TO THE FACT that PHYSICIANS, undertakers, and others who may be concerned in the care of the dead, are required by the law to see that the data pertaining to their respective parts of this record are properly completed.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) June 18 1852

7. AGE: Years 73 Months 11 Days 29 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) Pleasant Grove
(State or country) Iowa

PARENTS
10. NAME OF FATHER David Dickson
11. BIRTHPLACE OF FATHER ____ (city or town)
(State or country) K. Y.
12. MAIDEN NAME OF MOTHER Nancy McKibben
13. BIRTHPLACE OF MOTHER ____ (city or town)
(State or country) Ill.

14. Informant Mrs E. D. Tway
(Address) Mesa Ariz.

15. Filed June 20 1925 H. J. McNeill Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 17 1925

17. I HEREBY CERTIFY, That I attended deceased from Apr 15 1925 to June 17 1925
that I last saw her alive on June 15 1925
and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage, apoplexy
(duration) — yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) —
(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) L. J. Rich M. D.
6-19 1925 (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 Cemetery — DATE OF BURIAL: June 18-25
20. UNDERTAKER: M. R. Gibbons — ADDRESS: Mesa Ariz.