

3033

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
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 BUREAU OF VITAL STATISTICS State Index - - - No. 266
 District _____ County Registrar's - No. _____
 Town or City Phoenix No. St. Joseph Local Registrar's - No. 268
 (If death occurred in a hospital or institution, give its NAME instead of street number) St. _____ Ward _____

2. FULL NAME Mary Estelle Thompson

(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 Fe 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-OWED or DIVORCED (Write the word) _____

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

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years: 3 Months: _____ Days: _____ IF LESS than 1 day hr or min

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

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

10. NAME OF FATHER H. E. Thompson

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

12. MAIDEN NAME OF MOTHER Josie Hunter

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

14. Informant Father (Address) _____

15. Filed 6-25, 1925 M. O. Sneed M.D. Local Registrar. V. S. No. 1 _____, 19 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-24 1925

17. I HEREBY CERTIFY, That I attended deceased John Witch, 1925 June 24 1925 that I last saw him alive on June 24 1925 and that death occurred on the date stated above, at 12:30 p.m. The CAUSE OF DEATH was as follows: Stroke with Ramond Peak Rattle, abt 9 P.M. on June 23/1925 (duration) yrs. mos. ds. 16 hours

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds. _____

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) John A. Moore M. D. June 25 1925 (Address) 1166 Marrow

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 DATE OF BURIAL 6-25-25

20. UNDERTAKER Z & H ADDRESS _____