4365

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 269

Registered No. 36

1. PLACE OF DEATH

County Maricopa State

District or Township Mesa or Village

City Mesa No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Mary Matilda Selby

(a) Residence. No. 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 7 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) 26 June 1855

7. AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
70	8	24	

8. OCCUPATION OF DEECASED

(a) Trade, profession, or particular kind of work Housewife

(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) N. Carolina

PARENTS

10. NAME OF FATHER Washburn

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant M. H. Selby

(Address) Mesa Ariz

15. Filed Mar 27 1926 J. C. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar. 19 1926

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19th 1926 to Mar 19th 1926 that I last saw her alive on Mar 19th 1926 and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH* was as follows:

Pneumonia and age

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Old age

(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? Ordinary

(Signed) J. H. Brown M. D.

3/23 1926 (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 Ariz.

DATE OF BURIAL Mar 20 1926

20. UNDERTAKER M. L. Gibbons

ADDRESS Mesa Ariz

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. 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.

MARGIN RESERVED FOR BINDING