4389

PLACE OF DEATH

1. County Maricopa

District

Town or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - No. 293

County Registrar's - No.

Local Registrar's - No. 1074

ORIGINAL CERTIFICATE OF DEATH

No. St Joseph Hospital - Phoenix Ward

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

2. FULL NAME Mary Ellen Stapley

(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): X

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

6. DATE OF BIRTH (month, day and year): Aug. 20, 1864

7. AGE: 61 Years 7 Months 3 Days; IF LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(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): Pioneer, Nevada

PARENTS

10. NAME OF FATHER: Elija Billingsley

11. BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12. MAIDEN NAME OF MOTHER: Mrs Dr. Brown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14. Informant (Address): Wm Stapley Tempe

15. Filed Mar 24, 1926 [illegible] Registrar

Filed ..., 19 [illegible] Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): March 23d 1926

17. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1926 to March 23, 1926, that I last saw her alive on March 23, 1926, and that death occurred, on the date stated above, at 10:30 a.m. The CAUSE OF DEATH* was as follows:

Appendicitis Chronic

(duration) 18 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Cardiac - Renal Synd.

(duration) 4 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? Safford Ariz.

Did an operation precede death? Yes Date of March 16th

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. J. Strand, M. D.

3/23 1926 (Address) Tempe, 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: Mar 25

20. UNDERTAKER: W. A. Burton & Sons

ADDRESS: Mesa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer; or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business.

"PUERPERAL" [illegible] State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)