

8336

MARGIN RESERVED FOR INDEXING. Every item of information should be 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.

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

1. PLACE OF DEATH: County Sila Globe, State Arizona, District or Town Globe, City Globe, No. County Hospital. 2. FULL NAME: Mary Ann Pollock. (a) Residence No. Backney Ave. Length of residence in city or town where death occurred 1 yrs. - mos. - da. 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: Married, 5a. If married, widowed or divorced: HUSBAND of Sam E. Pollock, 6. DATE OF BIRTH (month, day and year): - - 1884, 7. AGE: Years 42, Months -, 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): Shumway, Arizona, (State or country): -.

10. NAME OF FATHER: Frank Kerley, (city or town): - , (State or country): -.

11. BIRTHPLACE OF FATHER: - , (city or town): - , (State or country): -.

12. MAIDEN NAME OF MOTHER: Leah Poesenda, (city or town): - , (State or country): -.

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

14. Informant: Sam E. Pollock, (Address): Globe, Arizona.

15. Filed: May 31, 1926, N. N. Hout, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): May 15, 1926.

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1926 to May 15, 1926, that I last saw her alive on May 15, 1926, and that death occurred, on the date stated above, at 11:30 A.M. The CAUSE OF DEATH\* was as follows:

Carcinoma of uterus (duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) (duration) - yrs. - mos. - ds.

18. Where was disease contracted? If not at place of death? -.

Did an operation precede death? - Date of -.

Was there an autopsy? -.

What test confirmed diagnosis? Examination (Signed): N. N. Hout, M. D., 5/18 1926 (Address) -.

\* 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 REINTERMENT: Globe Cemetery, DATE OF BURIAL: May 18th 1926.

20. UNDERTAKER: Jones Funeral Home, Fred H. Jones, Mgr., ADDRESS: Globe, Ariz.