763

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

State File No. 242

1. PLACE OF DEATH

County Maricopa State Registered No. 86

District or Township Mesa District or Village or

City No. S. D. Hospital St., Ward

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

2. FULL NAME Mary C Bird

(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 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)

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

6. DATE OF BIRTH (month, day and year) Mar 19 1881

7. AGE Years 45 Months 4 Days 9 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) (State or country) S Dakota

PARENTS

10. NAME OF FATHER Samuel Evans

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

12. MAIDEN NAME OF MOTHER Mary McCarrell

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

14. Informant R A Bird (Address) Mesa

15. Filed Aug 2 1926 J Addleton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 28 1926

17. I HEREBY CERTIFY That I attended deceased from July 28 1926 to July 28 1926 that I last saw her alive on July 28 1926 and that death occurred, on the date stated above, at 1 a m. The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. B. Mann, M. D.

July 28 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 Cemetary

DATE OF BURIAL Aug 1/26

20. UNDERTAKER W A Burton & Sons

ADDRESS Mesa

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. 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.

MARGIN RESERVED FOR BINDING