

1909

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE FULLY UNDERSTOOD. 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: Maricopa State: Arizona
City: Phoenix
Registered No. 483
State File No. 257

2. FULL NAME: Ida E. Post
(a) Residence, No. 1018 W. 11 St.
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: Widow

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

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

7. AGE: 68 Years Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED: Housewife
(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): Iowa (State or country)

10. NAME OF FATHER: Wm. J. Bassham

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

12. MAIDEN NAME OF MOTHER: Laura Butler

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

14. Informant: Hattie Bassham (Address) Webster City, Iowa

15. Filed: 4-26-27 Registrar: A. H. McLellan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 20 1927 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1927 to April 20, 1927, that I last saw her alive on April 20, 1927, and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) Indefinite

CONTRIBUTORY (Secondary) Bronchial asthma (duration) 4 yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical (Signed) J. H. Monical M. D.

* 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: Forest Lawn DATE OF BURIAL: 4/26/27

20. UNDERTAKER: A. H. McLellan 617 N. Central ADDRESS