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MARC RESERVED FOR BINDING
 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.

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

1. PLACE OF DEATH Gila County Globe District or Township Globe City Globe State Arizona No. 323 Mesa State File No. 72 Registered No. 137

2. FULL NAME Viola Clarissa Dawes

(a) Residence No. 323 Mesa (Usual place of abode) St. _____ Ward _____

Length of residence in city or town where death occurred 19 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. Married

5a. If married, widowed, or divorced WIFE of John M. Dawes

6. DATE OF BIRTH (month, day and year) 3/10/1874

7. AGE 53 Years Months Days IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED Housewife

9. BIRTHPLACE (city or town) Heber City Utah (State or country)

10. NAME OF FATHER Joseph Cluff

11. BIRTHPLACE OF FATHER Wesley Ohio (State or country)

12. MAIDEN NAME OF MOTHER Phoebe E. Dymall

13. BIRTHPLACE OF MOTHER Brownstown Michigan (State or country)

14. Informant Ralph W. Dawes (Address) Globe, Arizona

15. Filed 11-30-27 SV Weber Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 14th 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1927 to Nov. 14, 1927 that I last saw her alive on Nov. 12, 1927 and that death occurred, on the date stated above, at 9:27 P. The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) One yrs. mos. ds.

CONTRIBUTORY Chronic Myocarditis (Secondary) (duration) 5 yrs. mos. ds.

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

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) I. C. Harper M. D. (Address) Globe, 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 Central, Arizona DATE OF BURIAL, REMOVAL 11/16/27

20. UNDERTAKER Jones Funeral Home ADDRESS Globe, Arizona