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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 320

Registered No. 1549

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township _____ or Village _____ or

City Phoenix. No. Good Samaritan Hosp. St., _____ Ward

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

2. FULL NAME Mary H. Baxter

(a) Residence, No. Yuma, Ariz. 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. 6 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): Widowed

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

6. DATE OF BIRTH (month, day and year) Not Known

7. AGE Years 84 Months Days IF LESS than 1 day ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Not Known

(State or country) "

PARENTS

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER " (city or town)

(State or country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER " (city or town)

(State or country) "

14. Informant Howard Reeves

(Address)

15. Filed _____ 19 [signature] Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 20, 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928 to Dec. 20, 1928

that I last saw her alive on Dec. 20, 1928

and that death occurred, on the date stated above, at 8:22 AM.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerotic nephritis

_____ (duration) _____ yrs. 6 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? ✓

(Signed) George E. Shields, M. D.

Dec. 20 1928 (Address) Phoenix

* 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: Yuma, Ariz.

DATE OF BURIAL: Dec. 21, 1928

20. UNDERTAKER: GRIMSHAW-ACTON CO.

ADDRESS

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.