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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

State File No. 229

Local Registrar's No. 1

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township #2 or Village or

City Tempe No. St., Ward

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

2. FULL NAME Irene Dorothy Hardin

(a) Residence, No. 937 Normal Ave. 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 5 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): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George N. Hardin

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

7. AGE: Years About 39 | Months | Days | 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) Tenn.

PARENTS

10. NAME OF FATHER E. J. Cass.

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

12. MAIDEN NAME OF MOTHER Rose Crosswhite

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

14. Informant George N. Hardin

(Address) 937 Normal Ave. Tempe Ariz.

15. Filed 4-1- 1929 H. E. Patterson Registrar.

3 23974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 8th 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1929 to Mar 8, 1929

that I last saw ~~him~~ her alive on Mar 8, 1929

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH was as follows:

Cerebral embolus

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 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) D B Mogus M. D.

Mar 8 1929 (Address) Tempe 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: Palo Verde.

DATE OF BURIAL: March 10-1929.

20. UNDERTAKER: E. P. Carr.

ADDRESS: Tempe Ariz.