

7483

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

1. PLACE OF DEATH
 County Maricopa State Arizona State File No. 145
 District or Township _____ or Village _____ Registered No. 103
 City Mesa No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Essie Elizabeth Buchanan
 (a) Residence, No. N. Rainbow 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. married
 (Write the word)

6. If married, widowed, or divorced
 HUSBAND of War O. Buchanan
 (or) WIFE of _____

8. DATE OF BIRTH (month, day and year) Oct. 17, 1907

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
21 6 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business or establishment in which employed (or employer) Housewife
 (c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) North Carolina

10. NAME OF FATHER H. P. Furr

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

12. MAIDEN NAME OF MOTHER Mary C. Keith

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3, 1929
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928 to May 3, 1929
 that I last saw her alive on May 3, 1929
 and that death occurred, on the date stated above, at 11 P. m.
 The CAUSE OF DEATH* was as follows:
Toxemia of pregnancy
 _____ (duration) yrs. mos. 14 ds.
 CONTRIBUTORY Eclampsia
 (Secondary) _____ (duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Toxic signs
 (Signed) Harry J. Schorndorff, M. D.
May 5, 1929 (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.)

14. Informant War O. Buchanan DATE OF BURIAL
 (Address) Mesa, Arizona Mesa Cemetery, 5-7-29

15. Filed 5/10 1929 Dr. F. W. Brown ADDRESS
 Registrar. Meldrum Mortuary Mesa, Ariz.

MARGIN 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.