

2121

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

1. PLACE OF DEATH
 County Graham State Arizona State File No. 6107
 District or Township _____ or Village Pima
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Martha Ann Merrell
 (a) Residence No. Pima 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 18 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
 (Write the word)

6a. If married, widowed, or divorced HUSBAND of Seth Merrell (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Dec 25 - 1880

7. AGE Years 48 Months 6 Days 4 IF LESS than 1 day _____ hrs _____ or _____ min.

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

9. BIRTHPLACE (city or town) Fairview (State or country) Utah

10. NAME OF FATHER John Saline

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

12. MAIDEN NAME OF MOTHER Susana Ostora

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

14. Informant Eddie Saline (Address) Eden, Ariz

15. Filed July 8 - 1929 J. N. Shatten Registrar. H.B.J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30 1929
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928 to June 30, 1929 that I last saw h. is alive on June 30th, 1929 and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Myocarditis, Arterio Sclerosis, Chronic Interstitial Nephritis
 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. 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? _____
 (Signed) H. W. Squibb, M. D. June 30 1929 (Address) Safford 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 Pima Ariz DATE OF BURIAL July 30

20. UNDERTAKER H. C. Rawson ADDRESS Safford

THIS IS A PRELIMINARY RECORD. EVERY ITEM OF INFORMATION CONTAINED HEREIN IS SUBJECT TO CORRECTION. 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.