

2252

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

1. PLACE OF DEATH
County: Maricopa State: Arizona
City: Phoenix No: St. Joseph Hospital
2. FULL NAME: Mary Ann Huber Smith
(a) Residence, No: Tempe Ariz.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR or RACE: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED: widowed
6. DATE OF BIRTH: Oct 11, 1860
7. AGE: 69 Years, 4 Months, 14 Days
8. OCCUPATION OF DECEASED: House
9. BIRTHPLACE: Utah
10. NAME OF FATHER: John B. Dalton
11. BIRTHPLACE OF FATHER: Switzerland
12. MAIDEN NAME OF MOTHER: Ann Bashan
13. BIRTHPLACE OF MOTHER: England
14. Informant: Ed Huber, Tempe, Ariz.
15. Filed: June 21, 1929 J. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: June 18, 1929
17. I HEREBY CERTIFY, That I attended deceased from June 18, 1929 to June 18, 1929
Cause of Death: Cholelithiasis (gall stones), Cholangitis with common duct stone
18. Where was disease contracted: Not at place of death
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mesa Cemetery
20. UNDERTAKER: 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, THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.