

2123

fully 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

1. PLACE OF DEATH
County: Maricopa
State:
District or Township:
City:
Registered No. 2248
State File No. 194

2. FULL NAME Mary Emma Harvey
(a) Residence: 5 Miles east
Length of residence in city or town where death occurred
How long in U. S. if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
6. DATE OF BIRTH
7. AGE 33
8. OCCUPATION OF DECEASED House Wife
9. BIRTHPLACE (city or town) Utah
10. NAME OF FATHER Pierce
11. BIRTHPLACE OF FATHER Utah
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER
14. Informant Husband
15. Filed Apr 12 1930

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) 4/9 1930
17. I HEREBY CERTIFY, That I attended deceased from 3/1 1930 to 4/9 1930 that I last saw him alive on 3/10 1930 and that death occurred on the date stated above, at 130 min. The CAUSE OF DEATH* was as follows: Embolism
CONTRIBUTORY Delivery
18. Where was disease contracted? Home
Did an operation precede death? No
Was there an autopsy? No
What test confirmed diagnosis? History
(Signed) J. G. Gentry M. D.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mess.
20. UNDERTAKER Hookrey
DATE OF BURIAL 4/11 30
ADDRESS