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

State File No. 52

Local Registrar's No. 114

1. PLACE OF DEATH

County: Gila — State: Arizona

District or Township: Globe — or Village: — or

City: Globe — No. Murphy Hotel — St., — Ward

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

2. FULL NAME (Mrs) Mary Jane Disk Mauk

(a) Residence, No. — St., — Ward, Los Angeles, Calif.

(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. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 promptly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. W. Mauk, Deceased

6. DATE OF BIRTH (month, day and year) 5-14-1841

7. AGE: Years 89 | Months | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) Oldtown (State or country) Maine

PARENTS

10. NAME OF FATHER Chas. Disk

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

12. MAIDEN NAME OF MOTHER Mary Eaton

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

14. Informant Sid J. Mauk (Address) Globe, Ariz.

15. Filed 12/4, 1930 L. E. Weightman Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 2nd 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930 to Nov 2, 1930, that I last saw h. alive on Nov 2, 1930 and that death occurred, on the date stated above, at 7:25 P m. The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Age.

(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) R D Kennedy, M. D. 19 (Address) Globe.

* 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~~: Los Angeles, Calif.

DATE OF ~~BURIAL~~ Ship: 11-4-1930

20. UNDERTAKER: Jones Funeral Home

ADDRESS: Globe, Ariz.