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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.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 195

1. PLACE OF DEATH  
 County Maricopa State Arizona State File No. \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Local Registrar's No. 207  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred on a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Rosealva Arline  
 (a) Residence, No. 2 mi East of Mesa 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Married</u> (Write the word)			16. DATE OF DEATH <u>Nov. 5</u> 19 <u>30</u> Month Day Year	
5a. If married, widowed, or divorced HUSBAND of <u>Thomas F. Arline</u> (or) WIFE of _____					17. HEREBY CERTIFY, That I attended deceased from <u>Oct 30</u> , 19 <u>30</u> to <u>Nov 5</u> , 19 <u>30</u> that I last saw h. alive on _____ and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: <u>Pneumonia and asthma</u>	
6. DATE OF BIRTH (month, day and year) <u>3-24-84</u>	7. AGE Years <u>44</u> Months <u>7</u> Days <u>11</u> IF LESS than 1 day or hrs. or min.	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer _____			CONTRIBUTORY (Secondary) <u>Bob Caldera</u> (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) <u>Springfield</u> (State or country) <u>Ill.</u>					18. Where was disease contracted if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____	
10. NAME OF FATHER <u>John McQueen</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa, Ariz.</u>	
11. BIRTHPLACE OF FATHER _____ (city or town)					DATE OF BURIAL <u>11-9-30</u>	
12. MAIDEN NAME OF MOTHER <u>G. J. Wharton</u>					20. UNDERTAKER <u>Mrs. B. [unclear]</u>	
13. BIRTHPLACE OF MOTHER <u>Jefferson County</u> (State or country) <u>Ill.</u>					ADDRESS <u>Mesa, Ariz.</u>	
14. Informant <u>Thomas F. Arline</u> (Address) <u>Mesa, Ariz.</u>						
15. Filed <u>11-11</u> , 19 <u>30</u> <u>Dr. F. W. Brown</u> Registrar. <u>Mrs. B.</u>						