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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

State File No. 439

1. PLACE OF DEATH

County Yavapai State Arizona Registered No. 1037

Township ..... or Village ..... or

City Prescott No. Mercy Hospital St. ..... Ward

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

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.

2. FULL NAME Mrs. Maude Sharpneck

(a) Residence: No. ..... St., ... Ward. ..... (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. G. Sharpneck

6. DATE OF BIRTH (month, day, and year) II/4/85

7. AGE Years 45 Months 5 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prescott (State or country) Arizona

FATHER

13. NAME Benj. Robinson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Keziah Eden

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) E. G. Sharpneck, Prescott, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Place I. O. O. F. Cemetery Date 5/3/31, 19

19. UNDERTAKER (Address) Lester Kuzner Prescott, Arizona.

20. Filed 5/1 Harry L. Southwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/I/3I, 19

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to May 1st, 1931

I last saw her alive on May 1st, 1931; death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis — Date of Onset April 29 1931

Other contributory causes of importance: Operation for Appendicitis April 27, 1931 & Gall Stones

Match of operation Appendectomy & Cholecystotomy Date of 4/27/31

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. N. Rooney, M. D.

(Address) Prescott, Arizona.