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MARGIN RESERVED FOR BINDING
1. 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

1. PLACE OF DEATH
 County Maricopa State Arizona State File No. 190
 Township Phoenix or Village _____ Registered No. 758
 City Phoenix No. Good S. 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 Malina Maria Bass
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>7-13-1931</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE <u>M. A. Basson - wife</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>June</u> , 19 <u>31</u> , to <u>June 15</u> , 19 <u>31</u> I last saw h... alive on _____, 19____; death is said to have occurred on the date stated above, at <u>7 A.M.</u>	
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>3</u>	Months <u>7</u>	Days	If LESS than 1 day, ... hrs. or ... min.	Date of Onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>					Other contributory causes of importance:	
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)					Name of operation _____ Date of _____	
11. Total time (years, months, and days) spent in this occupation					What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE (city or town, State or country) <u>Arizona</u>					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.	
13. NAME <u>M. A. Basson</u>					Manner of injury _____	
14. BIRTHPLACE (city or town, State or country) <u>Phoenix</u>					Nature of injury _____	
15. MAIDEN NAME <u>Miss Murray</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
16. BIRTHPLACE (city or town, State or country) <u>Phoenix</u>					(Signed) <u>J. P. McQuinn</u> , M. D. (Address) <u>Phoenix, Arizona</u>	
17. INFORMANT <u>Family</u> (Address)						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Phoenix</u> Date <u>7-15-31</u>						
19. UNDERTAKER <u>Murray</u> (Address)						
20. Filed <u>6-23</u> , 19 <u>31</u> <u>R. P. Remy</u> Registrar.						