003

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. 293

Registered No. 989

1. PLACE OF DEATH

County: Pima State: Arizona

Township: ____ or Village: ____ or

City: Tucson No. ____ 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 9 yrs. ✓ mos. ✓ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME: Marion Easton Taylor

(a) Residence: No. 732 S. Third ave. St., Ward ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Myrtle May Taylor

6. DATE OF BIRTH (month, day, and year): Jan 2, 1886.

7. AGE: Years 45 | Months 11 | Days 2 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: State Highway

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

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

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (state or country): Pima Arizona

FATHER

13. NAME: Jerry Taylor

14. BIRTHPLACE (city or town) (State or country): ~~[illegible]~~ Utah

MOTHER

15. MAIDEN NAME: Sarah Nelzie

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Myrtle May Taylor, Tucson, Arizona

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place: Pima, Arizona Date: Dec. 5, 1931

19. UNDERTAKER (Address): Reilly Undertaking Co. Tucson Arizona

20. Filed 12-5-, 1931 Lewis N. Howard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

That saw b____ alive on ____, 19____, death is said to have occurred on the date stated above, at 5:30 a. m.

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

	Date of Onset
Not seen before death.	
Natural causes unknown	
(Probably Heart disease)	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

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? ____

If so, specify ____

(Signed) George H. Worcester, M. D.

(Address) U.S. Health Officer

by direction of coroner.

25M 5-1-31 MS-43289