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MARGIN RESERVED FOR BINDING  
N. B.—WRITE MAINLY, 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.

"KENT

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

1. PLACE OF DEATH  
County MARICOPA State ARIZONA Registered No. 48  
Township #3 or Village \_\_\_\_\_  
City MESA 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. 2 yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME MOGENE MILLER  
(a) Residence: No. North Hibert St. Mesa, Ariz Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <b>CHILD</b>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>APRIL 13, 1932</u>				
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day. _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>NONE</u>			
	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) <u>MESA</u> (State or country) <u>ARIZONA</u>				
MOTHER	13. NAME <u>H. N. MILLER</u>			
	14. BIRTHPLACE (city or town) <u>MESA</u> (State or country) <u>ARIZONA</u>			
	15. MAIDEN NAME <u>IDA O. MESSINGER</u>			
FATHER	16. BIRTHPLACE (city or town) <u>MESA</u> (State or country) <u>ARIZONA</u>			
	17. INFORMANT <u>H. N. MILLER</u> (Address) <u>MESA ARIZ.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>MESA ARIZONA</u> Date <u>APRIL 13/32</u>				
19. UNDERTAKER <u>MELDRUM MORTUARY</u> (Address) <u>MESA ARIZONA</u>				
20. File <u>April 15, 1932</u> <u>John Meldrum</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>4-13-32</u> 19	
22. I HEREBY CERTIFY, That I attended deceased from <u>4-13-32</u> , 19____, to _____, 19____.	
I last saw h.f.r. alive on _____, 19____; death is said to have occurred on the date stated above, at <u>1:30</u> <u>A. M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Cerebral Heart Disease</u>	
Other contributory causes of importance: <u>Was alive up until time of delivery but failed to breathe after Birth.</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</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.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>John Meldrum</u> , M. D. (Address) _____	