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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.

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

1. PLACE OF DEATH  
 County Maricopa State Arizona State File No. 184  
 Township Seventh or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Phoenix No. Arizona State Hospital St. \_\_\_\_\_ or \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred 3 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Ethel Ditmore  
 (a) Residence: No. Phoenix, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)

| PERSONAL AND STATISTICAL PARTICULARS                                                                            |                                                                                                            |                                                                             |                                                       |                                                                                                                                | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 3. SEX<br><u>Female</u>                                                                                         | 4. COLOR OR RACE<br><u>White</u>                                                                           | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)<br><u>Single</u> |                                                       |                                                                                                                                | 21. DATE OF DEATH (month, day, and year)<br><u>April 17, 1932</u>                                                                                                               |  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____                                              |                                                                                                            |                                                                             |                                                       | 22. I HEREBY CERTIFY, That I attended deceased from <u>10-31-31</u> , 19____, to <u>4-17-32</u> , 19____.                      |                                                                                                                                                                                 |  |
| 6. DATE OF BIRTH (month, day, and year)<br><u>June 18, 1902</u>                                                 |                                                                                                            |                                                                             |                                                       | I last saw her alive on <u>4-17-32</u> , 19____; death is said to have occurred on the date stated above, at <u>5:30</u> p. m. |                                                                                                                                                                                 |  |
| 7. AGE                                                                                                          | Years<br><u>29</u>                                                                                         | Months<br><u>9</u>                                                          | Days<br><u>29</u>                                     | If LESS than 1 day _____ hrs. or _____ min.                                                                                    | The principal cause of death and related causes of importance were as follows:<br><u>Pulmonary Embolism</u> <span style="float: right;">Date of Onset<br/><u>4-17-32</u></span> |  |
| OCCUPATION                                                                                                      | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>none</u> |                                                                             |                                                       |                                                                                                                                | Other contributory causes of importance:<br><u>childbirth</u> <span style="float: right;">Date of Onset<br/><u>4-17-32</u></span>                                               |  |
|                                                                                                                 | 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) (State or country)<br><u>Murphy North Carolina</u>                                |                                                                                                            |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
| MOTHER                                                                                                          | 13. NAME<br><u>Ulysses Ditmore</u>                                                                         |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
|                                                                                                                 | 14. BIRTHPLACE (city or town) (State or country)<br><u>North Carolina</u>                                  |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
|                                                                                                                 | 15. MAIDEN NAME<br><u>Anna Ball</u>                                                                        |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
| FATHER                                                                                                          | 16. BIRTHPLACE (city or town) (State or country)<br><u>North Carolina</u>                                  |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
|                                                                                                                 | 17. INFORMANT <u>State Hospital Records</u> (Address) <u>Phoenix, Ariz.</u>                                |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>State Hospital</u> Date <u>Apr 19, 1932</u>                       |                                                                                                            |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
| 19. UNDERTAKER <u>Fruen</u> (Address) <u>Phoenix</u>                                                            |                                                                                                            |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |
| 20. Filed <u>Apr 18</u> , 19 <u>32</u> <u> Helen Bankston</u> Social Registrar. (Address) <u>Phoenix, Ariz.</u> |                                                                                                            |                                                                             |                                                       |                                                                                                                                |                                                                                                                                                                                 |  |