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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. 101

Registered No. 99

1. PLACE OF DEATH

County MARICOPA State ARIZONA

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

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 3 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ARDIS HAWS

(a) Residence: No. MESA ARIZONA 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): CHILD

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

6. DATE OF BIRTH (month, day, and year) JULY 11, 1931

7. AGE: Years ..... Months 11 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) HILLA (State or country) ARIZONA

FATHER

13. NAME A. M. HAWS

14. BIRTHPLACE (city or town) SAFFORD (State or country) ARIZONA

MOTHER

15. MAIDEN NAME ALLICE CLUFF

16. BIRTHPLACE (city or town) PIMA (State or country) ARIZONA

17. INFORMANT A. M. HAWS (Address) MESA ARIZONA

18. BURIAL, CREMATION, OR REMOVAL Place PIMA ARIZONA Date JULY 3, 1932

19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA

20. Filed July 18, 1932 Geo. Meldrum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) JULY 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to July 3, 1932, I last saw him alive on June 27, 1932, death is said to have occurred on the date stated above, at 6:30 P. M.

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

Capillary Bronchitis — Date of Onset

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? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) .....