

1889

MARGIN RESERVED FOR BINDING
N. B.—WRITE IN INK, 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
ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County MARICOPA State ARIZONA
 Township _____ 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 1 yrs. 9 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME OLLIVE FISHER OWENS
 (a) Residence: No. MESA ARIZONA St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) WIDOWED		21. DATE OF DEATH (month, day, and year) SEPT. 12, 1932	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>9/12/32</u> , 19____ to _____, 19____ I last saw her alive on <u>9/12/32</u> , 19____ death is said to have occurred on the date stated above, at <u>9 A. m.</u>	
6. DATE OF BIRTH (month, day, and year) OCT. 22, 1855				The principal cause of death and related causes of importance were as follows: <u>Senility</u>	
7. AGE	Years 76	Months 10	Days 20	Other contributory causes of importance:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME				Date of Onset	
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) SALT LAKE CITY (state or country) UTAH					
13. NAME RUFUS FISHER					
14. BIRTHPLACE (city or town) _____ (State or country) MASS.					
15. MAIDEN NAME OLIVE MARTIN					
16. BIRTHPLACE (city or town) _____ (State or country) UNKNOWN					
17. INFORMANT IRA L. MERRILL (Address) MESA ARIZONA					
18. BURIAL, CREMATION, OR REMOVAL Place MESA ARIZONA Date 9/14/ 19 32					
19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA					
20. Filed <u>Sept. 20, 1932</u> <u>Jesse Meldrum</u> Registrar					
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>[Signature]</u> M. D. (Address) _____					