2232

MARGIN RESERVED FOR BINDING

N. B.—WRITE P[illegible]INLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]ECORD. Every item of in[illegible]nation should be carefully supplied. AGE should be s[illegible]ted 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. 85

Registered No. 143

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

2. FULL NAME EVA ANNA CUMMARD

(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: FEMALE

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: JOHN CUMMARD

6. DATE OF BIRTH (month, day, and year): DEC. 12, 1884

7. AGE: Years 47, Months 9, Days 25, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): 8/1/32

11. Total time (years) spent in this occupation: 27

12. BIRTHPLACE (city or town) (state or country): LITTLE MILTON NORFORK ENGLAND

FATHER

13. NAME: JOHN THOMPSON

14. BIRTHPLACE (city or town) (State or country): ENGLAND

MOTHER

15. MAIDEN NAME: UNKNOWN

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

17. INFORMANT (Address): JOHN CUMMARD MESA ARIZONA

18. BURIAL, CREMATION, OR REMOVAL

Place: MESA ARIZ. Date: 10/9/, 1932

19. UNDERTAKER (Address): MELDRUM MORTUARY MESA ARIZONA

20. Filed 10-15-, 1932 Jim Meldrum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/15/31, 19..., to 10/7/32, 19...

I last saw h[illegible] alive on 10/7/32, 19...; death is said to have occurred on the date stated above, at 3P m.

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

	Date of Onset
Uremia + Acidosis	1932
Intestinal Obstruction	1932

Other contributory causes of importance:

Operation 1928 Hysterectomy	1928
Appendectomy	1930
Intestinal Obstruction	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19...

Where did injury occur? no (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) [signature], M. D.

(Address) mesa

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