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MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]INLY, 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. 431

Registered No. 2799

1. PLACE OF DEATH

County YAVAPAI State ARIZONA

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

City PRESCOTT No. MERCY HOSPITAL 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 ..... yrs. ..... mos. 4 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY CONDRON

(a) Residence: No. ..... St., ... Ward. ..... (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)
FEMALE	WHITE	0

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 0

6. DATE OF BIRTH (month, day, and year) NOV. 30, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

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) PRESCOTT ARIZ.

FATHER

13. NAME JOHN F. CONDRON

14. BIRTHPLACE (city or town) (State or country) WALNUT GROVE ARIZ.

MOTHER

15. MAIDEN NAME IDA MAY McDUNOUGH *****

16. BIRTHPLACE (city or town) (State or country) MISSOURI

17. INFORMANT (Address) MRS. STELLA CONDRON PHOENIX ARIZ.

18. BURIAL, CREMATION, OR REMOVAL Place WALNUT GROVE CEMETERY Date DEC. 7, 1932

19. UNDERTAKER (Address) Lester Ruffner PRESCOTT ARIZ.

20. Filed 12/29, 1932 Registrar Harry H. Southworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) DEC. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Dec. 4, 1932

I last saw her alive on Dec. 4, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Icterus Neonatorium Date of Onset Dec 1

Other contributory causes of importance: Premature birth Probably due to Markus Illness.

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? .....

If so, specify H. H. Southworth, M. D.

(Signed)

(Address) PRESCOTT ARIZ.