

MARGIN RESERVED FOR BINDING
N. B.—WRITE IN INK ONLY, 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 Mercopoa State Arizona Registered No. 18
 Township Mesa or Village _____
 City _____ 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 12 yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Margaret Rose Schornick
 (a) Residence: No. _____ (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Jan 29, 1933</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY that I attended deceased from <u>Jan 23, 1933, to Jan 29, 1933</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 28 1920</u>					I last saw <u>her</u> alive on <u>Jan 29, 1933</u> death is said to have occurred on the date stated above, at <u>5:25 P.M.</u>		
7. AGE		Years	Months	Days	The principal cause of death and related causes of importance were as follows: <u>Influenza</u>		
<u>12</u>		<u>11</u>	<u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>				Other contributory causes of importance: <u>None</u>		
	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) <u>Mesa</u> (state or country) <u>Arizona</u>							
FATHER	13. NAME <u>Alvin August Schornick</u>						
	14. BIRTHPLACE (city or town) <u>Mesa</u> (State or country) <u>Arizona</u>						
MOTHER	15. MAIDEN NAME <u>Leola Williams</u>						
	16. BIRTHPLACE (city or town) <u>Cherryvale</u> (State or country) <u>Kan.</u>						
17. INFORMANT <u>Alvin E. Schornick</u> (Address) <u>Mesa Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa</u> Date <u>Jan 31, 1933</u>							
19. UNDERTAKER <u>M. L. Hubbard</u> (Address) <u>Mesa Ariz.</u>							
20. Filed <u>Feb 8, 1933</u> Registrar <u>Jess M. Hubbard</u>							
					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? <u>No</u> If so, specify _____ (Signed) <u>Margaret Schornick</u> , M. D. (Address) <u>Mesa Ariz.</u>		