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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.

STANDARD CERTIFICATE OF DEATH  
Arizona State Board of Health  
BUREAU OF VITAL STATISTICS  
State File No. 122  
Registered No. 575

1. PLACE OF DEATH  
County Maricopa State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Phoenix No. 72 Weldon Ave. 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. 7 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
How long in State when death occurred? \_\_\_\_\_ yrs. 7 mos. \_\_\_\_\_ ds.  
Sr. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and State)

2. FULL NAME MARY BABIAK KRESAN  
(a) Residence: No. 72 Weldon Ave.  
(Usual place of abode)

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 Michael Kresan (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1896

7. AGE Years 36 Months 8 Days 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Galicva, (state or country) Austria

13. NAME Stephen Babiak,

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Not Known

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

17. INFORMANT Michael Kresan (Address) 72 Weldon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Francis Cem. Date May 5, 1933

19. UNDERTAKER Grimshaw-Acton Mortuary (Address)

20. Filed 5-8-33 1933 Opp Thourmond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1, 1933  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1933

22. 11-8 1932 to 5-1 1933  
I last saw her alive on 5-1 1933, death is said to have occurred on the date stated above, at 5:20 AM

The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis 18 yrs

Other contributory causes of importance:  
Spontaneous collapse

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? xray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? none  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify: None

(Signed) J. Fred G. Holmes M. D.  
(Address) 158 Monroe, Phoenix Ariz