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MARGIN RESERVED FOR BINDING
N. B.—WRITE PENNLY, 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 Maricopa State Ariz.
 Township Mesa 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 14 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Cora Caldwell Hale
 (a) Residence: No. 150 N. Morris Ward _____ (If nonresident give city or town and state) _____

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widow</u>			21. DATE OF DEATH (month, day, and year) <u>May 3, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY That I attended deceased from <u>Mar 15, 1932, to May 3, 1933</u>	
6. DATE OF BIRTH (month, day, and year) <u>Nov. 3, 1871</u>					I last saw her alive on <u>May 2, 1933</u> death is said to have occurred on the date stated above, at <u>8:40 AM.</u>	
7. AGE Years <u>61</u> Months <u>6</u> Days <u>0</u> If LESS than 1 day, _____ hrs. or _____ min.					The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u> Date of Onset <u>2-1-32</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nurse</u>				Other contributory causes of importance: _____	
	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) <u>About 1927</u> 11. Total time (years) spent in this occupation <u>8</u>					
12. BIRTHPLACE (city or town) (state or country) <u>White Co Ark.</u>						
FATHER	13. NAME <u>Geo. A. Caldwell</u>					
	14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					
MOTHER	15. MAIDEN NAME _____					
	16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT <u>Delate Schornick</u> (Address) <u>Mesa Ariz.</u>						
18. BURIAL, CREMATION OR REMOVAL Place <u>Mesa Cem.</u> Day <u>May 7, 1933</u>						
19. UNDERTAKER <u>M. D. Galt</u> (Address) <u>Mesa Ariz.</u>						
20. Filed <u>May 11, 1933</u> <u>Geo. Muldrew</u> Registrar						
Name of operation _____ Date of _____					What test confirmed diagnosis? <u>Sputum + X-ray</u> Was there an autopsy? <u>No</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? _____						
If so, specify _____ (Signed) <u>H. P. Mills</u> , M. D. (Address) <u>Phoenix, Arizona</u>						