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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

1. PLACE OF DEATH  
 County MARICOPA State ARIZONA State File No. 112  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 62  
 City MESA No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred 5 yrs 2 mos \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mo \_\_\_\_\_ ds. How long in state when death occurred? 55 yrs \_\_\_\_\_ mo \_\_\_\_\_ ds.

2. FULL NAME HARRIET ELLEN WARNER  
 (a) Residence: No. MESA ARIZONA St. \_\_\_\_\_ Ward \_\_\_\_\_ (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>WIDOWED</u>			21. DATE OF DEATH (month, day, and year) <u>May 7, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ I last saw h. _____ alive on <u>May 7, 1933</u> , 19____; death is said to have occurred on the date stated above, at _____ m. <u>10 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Myocarditis</u> <u>death sudden</u> Other contributory causes of importance: _____	
6. DATE OF BIRTH (month, day, and year) <u>OCT. 8 1850</u>					Date of Onset: <u>1 yr</u>	
7. AGE		Years <u>82</u>	Months <u>7</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</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) <u>MAY 7, 1933</u>					11. Total time (years) spent in this occupation <u>82</u>	
12. BIRTHPLACE (city or town) (state or country) <u>ENGLAND</u>						
MOTHER						
13. NAME <u>JOHN LESUEUR</u>						
14. BIRTHPLACE (city or town) (State or country) <u>ENGLAND</u>						
15. MAIDEN NAME <u>CARLINE LE GRESLEY</u>						
16. BIRTHPLACE (city or town) (State or country) <u>ENGLAND</u>						
17. INFORMANT <u>J. T. LESUEUR</u> (Address) <u>MESA, ARIZONA</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>SAFFORD, ARIZONA</u> Date <u>5/9/ 1933</u>						
19. UNDERTAKER <u>MELDRUM MORTUARY</u> (Address) <u>MESA, ARIZONA</u>						
20. Filed <u>May 15, 1933</u> <u>J. T. Lesueur</u> Registrar						
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 <u>C. A. Donaldson</u> (Signed) _____ M. D. (Address) <u>Assail. Co Physo!</u>						