2739

Dr. Donaldson

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No. 126

Registered No. 63

1. PLACE OF DEATH

County Maricopa State Arizona Arizona

Township ____ or Village ____ or

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 5 yrs. -- mos. — ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Melissa Hamblin Chesley How long in state when death occurred? 55 yrs. — mos. — ds.

(a) Residence: No. Mesa, Arizona St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Edgar Chesley

6. DATE OF BIRTH (month, day, and year) April 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	--	14	

OCCUPATION

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. Own home

10. Date deceased last worked at this occupation (month and year) ~~May 8, 1933~~

11. Total time (years) spent in this occupation ~~53 yrs.~~

12. BIRTHPLACE (city or town) Washington Co. (state or country) Utah

FATHER

13. NAME Jacob Hamblin

14. BIRTHPLACE (city or town) Salem (State or country) Ohio

MOTHER

15. MAIDEN NAME Pricilla Leavitt

16. BIRTHPLACE (city or town) ____ (State or country) Utah

17. INFORMANT Mr. John Chesley (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Safford, Arizona Date May 11 1933

19. UNDERTAKER Melirue Mortuary (Address) Mesa, Arizona

20. Filed May 15 1933 Jess Wilkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____

I last saw her alive on ____, 19____; death is said to have occurred on the date stated above, at about 2 am

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral hemorrhage	May 9

Other contributory causes of importance:

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 ____

(Signed) C. A. Donaldson, M. D.

(Address) Mesa

SM 2-8-33 MS-47071

Back of Certificate to be used for any additional Information.

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.

MARGIN RESERVED FOR BINDING