1776

Dr. Sharp

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 246

Registered No. 35

1. PLACE OF DEATH

County Maricopa State 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 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in state when death occurred 16 yrs. mos.

2. FULL NAME Clara Conway

(a) Residence: No. Mesa, Arizona St., Ward. (If nonresident give city or town and State)

(Usual place of abode)

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 Fred Conway

6. DATE OF BIRTH (month, day, and year) July 13, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	10	

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. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Illinois

FATHER

13. NAME Elonzo May

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

MOTHER

15. MAIDEN NAME Linney Ferguar

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

17. INFORMANT Fred Conway

(Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa, Arizona Date 3-25, 1934

19. UNDERTAKER Meldrum Mortuary

(Address) Mesa, Arizona

20. Filed Mar 24, 1934 O. A. Donaldson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-12-, 1934, to 3-23-, 1934,

I last saw her alive on 3-15-, 1934, death is said to have occurred on the date stated above, at 6:30 m. P. M.

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

Carcinomatosis abdomen

Other contributory causes of importance:

Name of operation none 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? no

If so, specify

(Signed) M. S. Sharp, M. D.

(Address) Mesa, Ariz.

5M 2-6-33 MS-47971

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