

2242

Dr. Kent

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State Arizona
 Township _____ or Village _____
 City Mesa No. South Side District Hospital 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 15 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ mos. _____ ds.
 2. FULL NAME Mary Etta Manning How long in state when death occurred? 16 yrs. _____ mos. _____ ds.
 (a) Residence: No. Gilbert, Arizona St. _____ Ward _____
 (If nonresident give city or town and State)

State File No. 185
Registered No. 47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) widowed
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Manning (Deceased)
 6. DATE OF BIRTH (month, day, and year) March 7, 1871
 7. AGE Years 63 Months 1 Days 4 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. At home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 4-9-34, 1934 to 4-11-34, 1934
 I last saw h. alive on _____, 19____; death is said to have occurred on the date stated above, at 9:30 p. M.
 The principal cause of death and related causes of importance were as follows:
uremia
 Date of Onset: 4-1-34
 Other contributory causes of importance:

12. BIRTHPLACE (city or town) Dixie (state or country) Oklahoma
 13. NAME Daniel Phelps
 14. BIRTHPLACE (city or town) (State or country) Penn.
 15. MAIDEN NAME Rachel Macie
 16. BIRTHPLACE (city or town) (State or country) Mason Okla.
 17. INFORMANT Robert W. Manning (Address) Route #2 Mesa, Arizona
 18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 4-13, 1934
 19. UNDERTAKER Maldrum Mortuary (Address) Mesa, Arizona
 20. Filed Apr 14, 1934 Old Donald 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 _____ M. D.
 (Address) Mesa, Ariz.

MARGIN RESERVED FOR BINDING
 N. B.—WRITE FAIRLY, 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.