

223

Dr. Kent

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Mariopa 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 2 yrs. 2 mos. --- ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Margaret Josephine Peacock In Arizona 5 yr. 6 mos.
 (a) Residence: No. So. & East of Mesa St. _____ Ward _____
 (Usual place of abode) (If decedent a city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widow
 5a. If married, widowed, or divorced HUSBAND of Franklin W. Peacock (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Aug. 14, 1869
 7. AGE Years 64 Months 10 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Mason (state or country) Alabama

13. NAME Daniel Phelps
 14. BIRTHPLACE (city or town) Harrisburg (State or country) Penn.

15. MAIDEN NAME Rachel Mancil
 16. BIRTHPLACE (city or town) Manson (State or country) Alabama

17. INFORMANT John Daniel Peacock (Address) Gilbert, Arizona

18. BURIAL, CREMATION, OR REMOVAL
 Place Mesa, Arizona Date 6-25, 1934

19. UNDERTAKER Melirum Mortuary (Address) Mesa, Arizona

20. Filed June 26, 1934 O. A. W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 6-23-34, 1934, to 6-23-34, 1934.
 I last saw h. alive on 6-23-34, 1934. death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:
Gored by ram
 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 accident Date of injury July 23, 1934

Where did injury occur? near Gilbert, Ariz
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
Home near Gilbert Ariz

Manner of injury Gored by Ram
 Nature of injury Extensive lacerations over head

24. No Cause of injury in any way related to occupation of deceased? No

If so, specify (Signed) W. J. ... M. D.
 (Address) _____

MARGIN RESERVED FOR BINDING
 N. B.—WRITE MAINLY 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.